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## **COVER LETTER**

Division of Corporations	
ALL CREDIT CONSULTING GROUSUBJECT:	UP, LLC
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GERARDO CONCHO	
(Contact Person)	
ALL CREDIT CONSULTING GROUP, LLC	
(Firm/Company)	
17 W MONUMENT AVE	
(Address)	
KISSIMMEE, FL 34741	
(City/State and Zip Code)	<del></del>
For further information concerning this matte	er, please call;
GERARDO CONCHO	407 779-4732 _ at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	o the Florida Department of State for:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	CREDIT CONSULTING GROUP		ds of the Florida Department
2. The Florida doci	ument/registration number a	ssigned to this limited li	iability company is:
EVA P CONZA	mber/manager withdrew/res		
4. 1. Print N  MGR	Tame of Person Resigning)	, hereby withdraw	/resign as a
		ne limited liability comp	oany has been notified of my
Signature of Di	issociating Member or Resig	ning Manager	1 1 L. 2624 AUG 27 7541 L.ABAS
_	\$25.00 (Required) \$30.00 (Optional)		FILL ELL