

M01000002027

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CREDITORS FINANCIAL GROUP LLC**M01000002027**☐ Nonprofit☐ Foreign☐ Limited Partnership☐ LLC☐ Certified Copy☐ Call When Ready☒ Walk In☐ Mail Out

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KM☐ Merger☐ Mark☒ Other**Agent Resignation**☐ UCC☐ CUS☐ After 4:30☒ Pick Up

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CREDITORS FINANCIAL GROUP LLC M01000002027☐ Nonprofit☐ Foreign☐ Amendment☐ Merger☐ Limited Partnership☐ Dissolution/Withdrawal☐ Mark☐ LLC☐ Reinstatement☐ Annual Report☐ Name Registration☐ Fictitious Name☒ Other**Agent Resignation**☐ UCC☐ Call When Ready☒ Walk In☐ Photocopies☐ CUS☐ Mail Out☐ Call If Problem☐ After 4:30☒ Pick Up

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KM

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Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREDITORS FINANCIAL GROUP LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M01000002027

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa Alfieri

Name of Person

C T CORPORATION SYSTEM

Name of Firm/Company

111 8th Avenue, 13th Floor

Address

New York, New York 10011

City/State and Zip Code

theresa.alfieri@wolterskluwer.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Alfieri

Name of Person

at (212)

Area Code

894-8516

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for CREDITORS FINANCIAL GROUP LLC

Name of Limited Liability Company

M01000002027

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

C T Corporation System - Theresa Alfieri

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314

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