M09000004671

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu:	siness Entity Na	me)	
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000184025290

08/30/10--01008--010 **25.00

FILED
10 AUG 30 PM 1:53
SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Divi	ision of C	Corporations		
SUBJECT:	ODeC	Credit, LLC		
			eign Limited Liability	Company)
Dear Sir or M	1adam:			
The enclosed	withdra	wal and fee(s) are submitted	d for filing.	
Please return	all corre	spondence concerning this	matter to the following	ı:
Aaron J. K	(enyor	, Corporate Counse	ıl	
		(Name of Person)		
Open Dea	aler Ex	change, LLC		
	•	(Firm/Company)		•
5607 New	v King	Drive, Suite 300		
		(Address)		
Troy, MI	48098			
		(City/State and Zip Code	e)	
For further in	formatic	on concerning this matter, p	lease call:	
Aaron J. k	Kenyo	n	_{at (} 313	₎ 749-0982
	(Na	ne of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRES Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301		ration Section on of Corporations 30x 6327		
Enclosed is a	check 1	or the following amount:		
■ \$25 Filing	Fee	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

~ APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

ODeCredit, LLC
(Name of limited liability company)
California
(Jurisdiction of its organization)
M0900004671
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
5607 New King Drive, Suite 300 (Mailing address) (Mailing address)
Troy, MI 48098
(City/State/7in)
(City/state/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
There I are
(Signature of member or authorized representative of a member)
Stephen Luyckx, as Open Dealer Exchange, LLC (Member)
(Typed or printed name of signee)

Filing Fee: \$25.00