## 03000044186

| (D.                                     |                            |             |
|---|----------------------------|-------------|
| (Re                                     | questor's Name)            |             |
|   | •                          |             |
| (Address)                               |                            |             |
|   |                            |             |
| (Address)                               |                            |             |
|   |                            |             |
| (Cit                                    | y/State/Zip/Phone          | - # <u></u> |
| ,0                                      | yr 0 ta 10 12 1977 110 110 | · · · · ·   |
| PICK-UP                                 | MAIT                       | MAIL        |
|   |                            |             |
| (Business Entity Name)                  |                            |             |
| `                                       | •                          | •           |
|   | arran a wid Nilama kii a a |             |
| OCI)                                    | cument Number)             |             |
|   |                            |             |
| Certified Copies                        | _ Certificates             | s of Status |
|   |                            |             |
| Special Instructions to Filing Officer: |                            |             |
| ,                                       | J                          |             |
|   |                            |             |
|   |                            |             |
|   |                            | ,           |
|   |                            |             |
|   |                            |             |
|   |                            |             |
|   |                            |             |

Office Use Only



900106872439

1 RA Resign

08/29/07--01009--030 \*\*30.00

08/02/07--01009--011 \*\*55.00



August 14, 2007

٠,

MABEL ROMANIUK 1689 NE 123RD ST. NORTH MIAMI, FL 33181

SUBJECT: CN GROUP FINANCIAL SERVICES LLC

Ref. Number: L03000044186

We have received your document for CN GROUP FINANCIAL SERVICES LLC. However, the document has not been filed and is being returned for the following:

There is a fee of \$85.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 407A00049515

Agnes Lunt Document Specialist

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) of 608.309, radi                        | ida Statutes, the undersigned,               |
|--|--|
| DANIEL CUTRINI   | , hereby resigns as                          |
| (Name of Registered Agent)   | 彩 三 九  |
| Registered Agent for CN GROUP FINANCIAL SE   | RVICES                                       |
| (Name of Limited Liability Compa   | • • • •                                      |
| L03000044186   | 3: 56<br>FLORIDE                             |
| (Document Number, if known)  | <b>7</b>                                     |
| 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  (Signature of Realign) | 2  |
| If signing on behalf of an entity:   |  |
| DANIEL CUTRINI   |  |
| (Typed or Printed Name   |  |
| (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:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314