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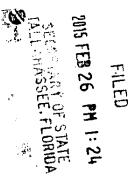
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
,		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/15

COVER LETTER

TO: Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: Regency Financial Services LLC (Name of Limited Liability Company)			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Thomas E Anderson (Contact Person)			
(Contact Person)			
Regency Financial Services (Firm/Company)			
(Firm/Company)			
543 NE Canoe Park Circle			
Port Saint Lucie, Fl 34983 (City/State and Zip Colle)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Tom Anderson 21(272) 824-8583	-		
Tom Huderson at (772) 924-9583 (Name of Contact Person) (Area Code & Daytime Telephone Num	iber)		
Enclosed please find a check made payable to the Florida Department of State for:			
□ \$25 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section	,		
Division of Corporations Clifton Building P.O. Box 6327	•		

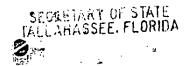
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2015 FEB 26 PM 1: 24



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: R	egency Financial Services.
	ment/registration number assigned to this limited liability company is: LOGOO
EIN 80-04042	35
·	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{2}{20/15}$
4. I, <u>/homas</u> (Print No	Anderson, hereby withdraw/resign as a ame of Person Resigning)
Presiden	t Treasure.
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
Thomase	Inderson
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)