## 14000068287

(Requestor's Name)				
(Address)				
(Address)				
(Audiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



100291360241

10/25/16--01018--001 \*\*25.00

OCT 2 6 2016 S. YOUNG SECRETARY OF STATE
TALLAHASSES, FLORIDI

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations UNITED MANAGEMENT AND FINANCIAL GROUP, LLC **SUBJECT:** (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: VICTOR LUCAS (Contact Person) (Firm/Company) 5400 S. UNIVERSITY DRIVE STE 214 (Address) **DAVIE, FL 33328** (City/State and Zip Code) For further information concerning this matter, please call: ANTHONY E ORTEGO ESQ 643-6868 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



## 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)

1. The name of the limited liability company as it appears on the records of the Florida De					
	of State is: UNITED MANAGEMENT AND FINANCIAL GROUP, LLC			TALL	
2.	. The Florida document/registration number assigned to this limit L16000068287	ted liability company is	OCT 25 PM	Allasses, Froniba	
3.	. The date this member/manager withdrew/resigned or will withd	raw/resign is:		FEOR	
	VICTOR LUCAS , hereby without	fraw/resign as a	1	E.	
7.	. I, VICTOR LUCAS , hereby without (Print Name of Person Resigning)	ilaw/icsigii as a			
	AUTHORIZED MEMBER				
	(Print Title)				
	of this limited liability company and affirm the limited liability c resignation in writing.	ompany has been notif	ied of my	7	
	Violos				
	Signature of Dissociating Member or Resigning Manager	_			
	iling Fee: \$25.00 (Required)				
U	Certified Copy: \$30.00 (Optional)				