

LO20000 16022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

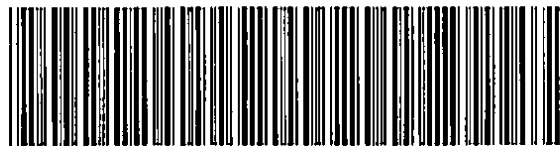
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JQ 10/20/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delta Financial LLC

\_\_\_\_\_  
(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:

Samuel Adam Woodard

\_\_\_\_\_  
(Contact Person)

Delta Financial LLC

\_\_\_\_\_  
(Firm/Company)

1000 N Ashley Dr, Suite 1020,

\_\_\_\_\_  
(Address)

Tampa, FL 33602

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Adam Woodard

at ( 727 ) 6478518

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303