## 102000031706

questor's Name)	<del></del>			
(Address)				
(Address)				
y/State/Zip/Phon	e #)			
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	of Status			
Special Instructions to Filing Officer:				
	dress)  dress)  //State/Zip/Phone  WAIT  siness Entity Nar  cument Number)			

Office Use Only



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## TRANSMITTAL LETTER

SUBJECT: PHOENIX FINANCIAL TRUST, L.L.C.			
(Name of Corporation)			
DOCUMENT NUMBER: 102000031706			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	g.		
Please return all correspondence concerning this matter to the following:			
Timothy G. Schoenwalder, Esq.			
(Name of Person)			
(Name of Firm/Company)			
123 South Calhoun Street			
(Address)			
Tallahassee, FL 32301	TO S	Sec. 12 also maren	
(City/State and Zip Code)	全	32	
For further information concerning this matter, please call:	ASSA	2.5	man de la companya de
Angel de Para at ( 305 ) 228-1786	E FL	77	t
(Name of Person) (Area Code & Daytime Telephone Number)	SOURCE STATES	<del>∵</del>	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

## Manager RESIGNATION FOR A Limited Liability Company

Υ.	ANGEL DE PARA	î he	MANAGER , hereby resign as		
-,			(Title)		
of	PHOENIX FINANCIAL TRUST, L.L.C.				
	(Na	(Name of Corporation)			
	L02000031706	a.LC	organized under the laws of the State of		
	(Document Number, if known)				
	Florida	·			
		_			

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314