L03000023723

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
#Y _A				

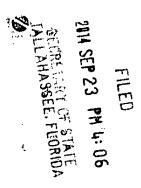
Office Use Only



300263477393

resignation à

300263477393 09/23/14--01016--005 **25.00



9 30/14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SCHANEL FIR	NANCIAL ASSOCIATES, LLC nited Liability Company)
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
TODD SCHANEC (Contact Person)	
(Firm/Company)	
4600 Military Tr. S	te 215
Jupiter / FL / 33	458
(City/State and Zip Code) For further information concerning this matter.	
TODO SCHANEZ	at (561) 624-7118 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED
2014 SEP 23 PM 4: 06
BECRETARY OF STATE
TALLAHASSEE. FEORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the lin	nited liability c	ompany as it appe	ars on the records of the Florida Department		
of State is:	SCHANEL	FINANCIAL	ASSOCIATES, LLC		
2. The Florida docum	ent/registration	number assigned	to this limited liability company is:		
L030000	22723				
3. The date this mem	ber/manager wi	thdrew/resigned o	will withdraw/resign is: $9/3 p/2014$		
4. I, ODO (Print Nam	SCHANEL te of Person Resign		ereby withdraw/resign as a		
Managing	Member rint Title)	<u></u> .			
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.					
/	Jal //				
Signature of Disse	ociating Memb	er or Resigning Ma	anager		
Filing Fee: Certified Copy:	\$25.00 (Requi \$30.00 (Optio	•			