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(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· •#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	3h
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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Equity Group Finantic Services L.L.C. (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Raul Benitez
(valie of reason)
Faity Group Firm/Company) Services
4845 S.W. 80 St. (Address)
Mign., Fl. 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, Ral Beritez	, hereby resign as Manajin Member (Title)
	Financial Services L.L.C., Liability Company)
a limited liability company organized under	the laws of the State of Florids, has been notified in writing of the resignation. 45 of 10/24/06
and armin that the minied hability company	nas been nounted in writing of the resignation. 45 or 10/24/06
(Signature of resigning man	ager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314