## 104000082055

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Institute of Finance,L	LC	
(Name of Limit	ted Liability Cor	npany)
The enclosed member, resignation or dissocia	tion and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
Ravi Behara		
(Contact Person)	, <u> </u>	_
ESA Consulting LLC		
(Firm/Company)		_
15995 Mataro Bay Court		
(Address)		_
Delray Beach, FL 33446		
(City/State and Zip Code)		<b>-</b>
For further information concerning this matte	r, please call:	
Ravi Behara	561	716-9538
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g 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 32301		Tallahassee, Florida 32314
CR2E079 (2/14)		



## 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)

	limited liability company as ida Institute of Finance, LL	it appears on the records of the Florida	Departmer	ı <b>t</b>
2. The Florida doci		signed to this limited liability company	/ is:	
(Print N	mber/manager withdrew/resign beha-444, ESA Consulting LLC lame of Person Resigning)  ember (AMBR)	igned or will withdraw/resign is: Nov	1, 2016	
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company has been no behalf of ESA ning Manager	itified of my J <i>C</i> onSu	y esiy 62.
Filing Fee: Certified Copy: CR2E079 (2/14)	\$25.00 (Required) \$30.00 (Optional)		16 DEC -6 PI	