

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Institute of Finance 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:

Rainford Knight
(Contact Person)

Florida Institute of Finance LLC
(Firm/Company)

301 Clematis ST #3000
(Address)

W. Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Heidi DiCicco at (954) 547-2872
(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

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



FILED
18 OCT 25 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Florida Institute of Finance LLC

2. The Florida document/registration number assigned to this limited liability company is:
L04000082055

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-30-18

4. I, JM DiCicco, LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Handwritten Signature] for JM DiCicco, LLC
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)