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SECRETARY OF STATE
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COVER LETTER

TO:

TO: Registration Section Division of Corporations		
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SUBJECT: Continental Financial Group, L	LC Liability Company)	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing M	ember or Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jairo De la Vega		
(Name of Person)		
	•	
(Firm/Company)	1	
2110 SW 3rd Ave suite 1B		
(Address)	·	
Miami, FL 33129		
(City/State and Zip Code)		
For further information concerning this matter, plea	se call:	
Jairo De la Vega	858-6781	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301 Enclosed is a check for the following amount:		
☑ \$25 Filing Fee	\$55 Filing Fee &	
CR2E079 (8:05)	Certified Copy	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I. Maria Navarro	hereby resign as Manager / Member			
	(Title			_
of Continental Financial Group, LLC				,
(Limited Liab	oility Company)			
a limited liability company organized under the l	aws of the State of Florida			;
and affirm that the limited liability company has	been notified in writing of the resi	gnation.		
Mais Newra	r, managing member or member)	SECRETAR	06 SI	
(Signature of resigning manager	, managing member of member)	AHAS AHAS	P 28	- C
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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