

L05000041039

(Requestor's Name)

GERALDINE SAINTVILLE  
517 MAXEY AVE  
Winter Garden FL 34787

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. MILLIGAN

MAY 22, 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2018

GERALDINE SAINTVILLE  
517 MAXEY AVE  
WINTER GARDEN, FL 34787

SUBJECT: INVESTORS FINANCE AND MANAGMENT COMPANY,LLC  
Ref. Number: L05000071039

We have received your document for INVESTORS FINANCE AND MANAGMENT COMPANY,LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 218A00009573

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Investors Finance And Management Company  
(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:

Geraldine Sainville  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

517 Maxing Ave.  
(Address)

Winter Garden FL 34787  
(City/State and Zip Code)

For further information concerning this matter, please call:

Geraldine Sainville at ( 401 ) 758-1432  
(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

RECEIVED  
2018 MAY 22 PM 12:25  
DEPARTMENT OF  
DIVISION OF CORP.  
TALLAHASSEE, FL



MM



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: Investors Finance and Management Company

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

605000071039

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/13/18

4. I, Gerardine Saintville, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Secretary

(Print Title)

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

Gerardine Saintville  
Signature of Dissociating Member or Resigning Manager

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

2018 MAY 22 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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