L06000030871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HARPENDEN FINANCIAL GROUP LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed ~~Registered Agent~~/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS WILLIAMS
(Name of Person)

THE HARPENDEN FINANCIAL GROUP LLC.
(Firm/Company)

1900 S. HARBOUR CITY BLVD #201.
(Address)

MELBOURNE FL 32901.
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIS WILLIAMS at (321-) 676-3933
(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 ☐ $55 Filing Fee & Certified Copy

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Harpenden Financial Group, LLC.

2. This limited liability company was organized under the laws of: Florida Dept. of State, Division of Corporations.

3. The Florida document/registration number of this limited liability company is: L06000030871.

4. I, Mary Kathleen Koller, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Mary Kathleen Koller
Signature of Resigning Member, Managing Member or Manager

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E079 (5/06)