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COVER LETTER

Division of Corporations	
SUBJECT: GCIFFIN FINANCIA	Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fec(s) are submitted for
Please return all correspondence concerning this	s matter to:
David A Gulacsy (Contact Porson)	
Griffin Financial Groun	ip LLC
1313 Pleasantridge PL	
Orlando, FL. 32835 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Name of Contact Person) at	(<u>407</u>) <u>296-2221</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
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	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as		of the Florida D	epart	ment
_	ty company was organized	l under the laws of:			
	nent/registration number of	f this limited liability com	pany is:		
	GUIACS Y me of Person Resigning) lity company and affirm th ng.				 f my
Signature of Resignature	Managing N	Member or Manager	dellere 14°		Picto.
Filing Fee: Certified Copy:	\$25.00 (Required)			08 JUL 21 A	INTERNATION OF COR