## 1070000/18831

(Re	equestor's Name)			
(Ac	dress)			
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Phoenix Financial So	ervices Limited Liability Company)
The enclosed member, managing membe filing.	r or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ing this matter to:
Phillip Keyes	a
(Contact Person)	SEUR ALLA
Phoenix Financial Services	SEURLIANASS
(Firm/Company)	2 PH
2828 Edwards Ave South	TENER S
(Address)	RIDA
St. Petersburg, FL 33705	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Phillip Keyes	<sub>at (</sub> 727 <sub>)</sub> 895-9889
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab  \$25 Filing Fee	le to the Florida Department of State for:  \$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

CR2E079 (5/06)



## 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 a	ppears on the records	of the Florida Department
of State is: Pho	penix Financial Services	3	
2. This limited liab	ility company was organized un	der the laws of: 	07:JUL -2   SEURETAN
3. The Florida doc <u>L07000018</u>	ument/registration number of the 3831	is limited liability com	pany is: 58
4. I, Phillip Key	res	herehy resion as a	managing member
	ame of Person Resigning)		(Print Title)
resignation in wr			y has been notified of my
Filing Fee:	gning Member, Managing Mem \$25.00 (Required)	ber or Manager	
Certified Copy:	\$30.00 (Optional)		