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SECRETARY OF STATE

COVER LETTER

• TO: Registration Section Division of Corporations	
SUBJECT: ANGEL FINAM (Name of Limited Liab	oility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
augel Financial, L	SECRET TALLAHA
Angel Financial, L	
601 GAY Pd., (Address)	ID: 29 STATE LORIDA
SEFFNER Fl 3: (City/State and Zip Code)	3584
For further information concerning this matter, plea	se call:
(Name of Contact Person) at (Ar	R13 951-4575 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 $NGELFIN$		s of the Florida Department
2. This limited liabili	ty company was organized	under the laws of:	ZOOR A SECRI
3. The Florida docum	nent/registration number of	this limited liability con	npanysis: Y Of
4. I, DREW (Print Nam	ALLEN ne of Person Resigning)	, hereby resign as a	MEMBER (Printfule)
of this limited liabil resignation in writing	ity company and affirm the	e limited liability compar	ny has been notified of my
Signature of Resign	ning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		