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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: La PORTE FINANCIO (Name of Limited I	C, LLC Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
MICHAEL A. LAPORTE (Contact Person)	2017 AL TALLAH
LAPORTE FINANCIAL, LLO	AXSEE.
336 E. PLANT STREET (Address)	
WINTER GONDEN FL 34 (City/State and Zip Code)	787_
For further information concerning this matter, pl	lease call:
Michael A. La Porde at (Name of Contact Person)	407 766-7797
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Pagistration Section	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee. Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



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)

	_		cords of the Florida Departmen
of State is:	LAPORTE FINA	INCIAL, LLC	· -
2. The Florida doc	ument/registration numb	er assigned to this limite	ed liability company is:
L070	00010705	9	
3. The date this m	ember/manager withdrew	:/resigned or will withdra	aw/resign is:
4. I. Lisa R	La Parte Name of Person Resigning)	, hereby withdr	aw/resign as a
Mana	G (V (Print Title)		
of this limited lia resignation in w		in the limited liability co	mpany has been notified of my
Lesi 1	LaPort		ZIII 4US 10 ALLAHASSEE
Signature of D	issociating Member or R	esigning Manager	FILED 405 10 A II: 53 EARSSEE FLORIDA
Filing Fee:	\$25.00 (Required)		A # D
Certified Copy:	\$30.00 (Optional)		53