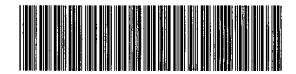
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(Re	questor's Name)				
. (Address)					
. (Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

OCT 1 4 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FIRST Choice Financial Services LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Milagros Delgado (Contact Person)
First Choice Financial Sucs. UC
7750 SW 117 ave # 204 (Address)
MIGMI, FL. 33183 (City/State and Zip Code)
For further information concerning this matter, please call:
Milagros Delgado at 789 389-4915 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 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

	imited liability company as it ST Choice Fina	* *		epartment .
2. This limited liabil	ity company was organized u	nder the laws of:		
	nent/registration number of th	nis limited liability	company is:	
4. I, Earbert	OJ. Arocho me of Person Resigning)	, hereby resign a	as a <u>MEM DE</u> (Print Title)	rngem
of this limited liabi	lity company and affirm the ling.	imited liability cor	npany has been notifi	ied of my
Signature of Resig	ning Member, Managing Me	nber or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			DO 60 SECRE