## L0800008338

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Dustiness Fieth Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
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Division of Corporations

Please Correct my name

Registered Agent Name is

mispelled application has

correct Spelling.

Naida I. Valentin

Thank for alertin

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:  Waida I - Valentin  (Contact Person)
Innovating Financial LLC  (Final Company)  1515 Michigan Avenue Suite #15  (Address)
1515 Michigan Avenue Suite #15  (Address)  Hissimmee H 34744  (City/State and Zip Code)
For further information concerning this matter, please call:  Naida Valentin  (Name of Contact Person)  at (407) 552-729/  (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 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 appears on the records of the Florof State is:	orida Dep	artmer	nt
2. This limited liability company was organized under the laws of:			
3. The Florida document/registration number of this limited liability company is:			
4. I. Magnolia HVOYEZ, hereby resign as a Masa (Point Name of Person Resigning)  of this limited liability company and affirm the limited liability company has bee resignation in writing.	ging Me mi Kule) n notified	Whe l of my	y y
Signature of Resigning Member, Managing Member or Manager	-)		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	SECRETALY O TALLAHASSEE	08 JUL -3 A	

CR2E079 (5/06)