

L08000056338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

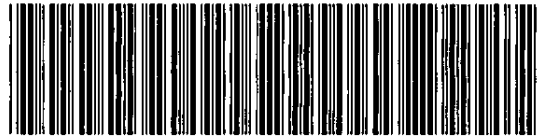
Special Instructions to Filing Officer:

A. LUNT

SEP - 2 2009

EXAMINER

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08/31/09--01090--015 **25.00

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2009 AUG 31 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resigning 5/11/2009
Pepe Rodriguez
Ivette Flores

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovating Financial 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:

Naida Valentin
(Contact Person)

Innovating Financial LLC
(Firm/Company)

1637 E Vine St Suite 136
(Address)

Kissimmee FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Naida Valentin at 407 552-7291
(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

☐ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Florida Department of State is: Innovating Financial LLC

2. This limited liability company was organized under the laws of:

Florida 6/6/08.

3. The Florida document/registration number of this limited liability company is:

L08000056338

4. I, Ivette Hores, hereby resign as a managing member
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA