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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | <u>.</u> |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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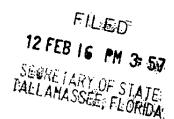
COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Innovatina | Hinancial LLC (Liability Company) |
| The enclosed member, managing member or managing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning th | is matter to: |
| Julio Nieves | <u></u> |
| (Contact Person) | |
| | icial LLC |
| 1633 E. Vine Str | act Suite#120 |
| (Address) Kissinnee H (City/State and Zip Code) | 34744 |
| For further information concerning this matter, | please call: 201 - 7906 |
| Julio Nieves a (Name of Contact Person) | $t \cdot \frac{407}{(\text{Area Code & Daytime Telephone Number})} 20$ |
| Enclosed please find a check made payable to t \$25 Filing Fee | he Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations Clifton Building | Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Too. Theodille Center Cher | i ditaliadoco, i toriad 545 i i |

Tallahassee, Florida 32301

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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 of State is: | limited liability company as it appears on the records of the Florida Department Innovating Financial LLC. |
|---------------------------------|---|
| 7 | lity company was organized under the laws of: |
| 3. The Florida docu | ment/registration number of this limited liability company is: |
| 4. I, Naida (Print No | T. Valento, hereby resign as a Manager (Print Tile) |
| of this limited liab | oility company and affirm the limited liability company has been notified of my ting. |
| Signature of Resignature | gning Member, Managing Member or Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |