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(Requestor's Name)					
(Address)					
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<u>.</u>					
(City/State/Zip/Phone #)					
•					
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SECRETATION OF STATE

09 JAN 12 AM 18:51

M. THOMAS

JAN 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Finance		roup LLC
(Name of Limit	ed Liability Company)	
The enclosed member, managing member or i filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	his matter to:	
Frederick AIVA	Rez	
The + Concial (ARE (Firm/Company)	2 GROUPLLC	SEG TALL
4861 N. Dixie Hwy,	Suite 5-6	JAN 12 CRETALY AHASSEE
Ft LAuderdale FL (City/State and Zip Code)	33334	AM III: 51
For further information concerning this matter	, please call:	, , , , , , , , , , , , , , , , , , , ,
Hederick Fluggez (Name of Contact Person)	at (954) 687 - (Area Code & Daytime Telep	hone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of Sta \$55 Filing Fee & Certified Cop	٠, , ,
C/EDELET/COVIDED ADDDGG		DDE GG
STREET/COURIER ADDRESS:	MAILING AD	
Registration Section	Registration Sec	
Division of Corporations	Division of Cor	porations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Flo	vrida 3231/
Tallahassee, Florida 32301	rananassee, Fic	ліца э2э (†

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it		rds of the Florida D	pepartment
of State is:	ne Firancial	- CARE G	Roup L	
	•			•
2. This limited liab	ility company was organized t	inder the laws of:	ľ	
Flor	AB.			
				35 G
3. The Florida docu	ment/registration number of t	his limited liability c	ompany is:	至
L080	20084044	<u></u>		ASSE 7
4.1. House	N DIVAREZ	, hereby resign as	MANA	
(Print No.	ame of Person Resigning)	, nereby resign as	(Print Title	25 25
-	pility company and affirm the	limited liability comp	pany has been notif	ied of my
resignation in wri	ting.	•	1	•
N'' = J			•	•
- Why	A			,
Signature of Resi	gning Member, Managing Me	mber or Manager		
•				
Filing Fee:	\$25.00 (Required)	•	,	
Certified Copy:	\$30.00 (Nequired)			