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(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:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
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	Special Instructions to Filing Officer				
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NEW YORK FINANCIAL (Name of Limited	GROUP, LLC Liability Company)
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
MIKE MOURGIDES	
(Contact Person)	
(Firm/Company)	
447 35TH STREET	
(Address)	
WEST PALM BEACH, FL 33407	
(City/State and Zip Code)	
For further information concerning this matter, p	please call:
MICHAEL MOURGIDES at	<u>772</u> <u>475-3981</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
_	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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 W YORK FINANCIAL	• •	of the Florida Department
	ility company was organized FLORIDA	d under the laws of:	
3. The Florida doce	ument/registration number o 0585	f this limited liability con	npany is:
4. J. MIKE MO	JRGIDES	, hereby resign as a	MGRM
/	lame of Person Resigning)	,,	(Print Title)
resignation in wr	bility company and affirm the iting. gning Member, Managing M		ny has been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		