

LD9000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

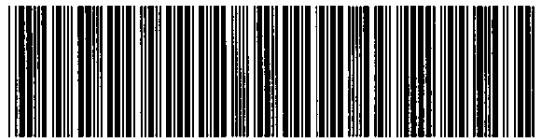
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900145374939

03/11/09--01004--003 \*\*25.00

FILED  
09 MAR 11 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 12 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRESCO 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:

Tim Sullivan

(Contact Person)

CRESCO FINANCIAL, LLC

(Firm/Company)

28870 U.S. Hwy 19 N # 322

(Address)

Clearwater FL 34671

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Sullivan

(Name of Contact Person)

at ( 727 ) 375-1998

(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

**FILED**  
09 MAR 11 PM 12:11  
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: CRESCO FINANCIAL, LLC

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

3. The Florida document/registration number of this limited liability company is:  
L09000000072

4. I, DONNA SULLIVAN, hereby resign as a MGR  
*(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 of Resigning Member, Managing Member or Manager

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

**FILED**  
09 MAR 11 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA