# 109000031292

(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



200162197822

10/30/09--01009--009 \*\*25.00

FILED

09 OCT 30 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE

NOV 2 2009

**EXAMINER** 

#### **COVER LETTER**

Division of Corporations

SUBJECT: Clear Choice Financial Services, UC

(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:

Clear choice Financial Services LLC.

(Firm/Company)

4400 Worthforp Parkway

Palm Beach Gardens FL, 334/0

(City/State and Zin Code)

For further information concerning this matter, please call:

<u>Kristina Cameron</u> at <u>(S61)</u> 632-0667 (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 &

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

CR2E079 (5/06)

TO:

Registration Section



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it ap				_
of State is:	lear Choice	Financial	Servi	ices. U	.C
	ity company was organized und			- (	
3. The Florida docur	ment/registration number of this	limited liability com	pany is:		
L090000		<u>.</u> .	•	7A. 3	
	(70,505 me of Person Resigning)		(Print Til	tle)Sizo	THE
of this limited liabi	ility company and affirm the lim	nited liability company	y has been not		m
				3: 30 STATE ORIDA	<b>O</b>
Signature of Resig	ning Member, Managing Memb	per or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				