

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

Office Use Only



900214136709

02/07/12--01002--022 **25.00

12 FEB - 7 PH 3: 11

SEUNLING OF STATE
TO A MESSEEL FLORID.

B. BOSTICK
FEB - 8 2012
EXAMINER

RESIGNATION OF MEMBER, MANAGING MEMBER, OR MANAGER

I,	Kimberly 1	2. Sx1+	ūs_	, hereby resign a	s Menber	lnorm	
of	FINANCIA				(Title)		
·		(Lim	ited Liab	oility Company)	L0900003	3993	
a limit	ed liability company	organized und	ler the i	aws of the State of_	Florila		
and affirm that the limited liability company has been notified in writing of the resignation.							
		Xi	K.	Smalle			
	(Signature	of resigning r	nanagei	managing member	or member)		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E079(11/03)