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| (Red                                    | questor's Name)   |      |
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| (Add                                    | dress)            |      |
| DDA)                                    | dress)            |      |
| (City                                   | //State/Zip/Phone | ∋ #) |
| PICK-UP                                 | ☐ WAIT            | MAIL |
| (Bus                                    | siness Entity Nan | ne)  |
| · (Doc                                  | cument Number)    |      |
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SECRETARY OF STATE
TALL AHASSEF, FI OBIN.

J. BRYAN

SEP - 4 2009

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations                           |  |  |
|--|--|--|
| SUBJECT: Palm Beach Financial Ma                   | anagement LLC                                      |  |
| (Titalie of Ellimea                                | Diability Company)                                 |  |
| The enclosed member, managing member or ma filing. | nager resignation and fee(s) are submitted for     |  |
| Please return all correspondence concerning this   | s matter to:                                       |  |
| Matt Austin  |  |  |
| (Contact Person)                                   |  |  |
|  | AC 8   |  |
| Palm Beach Financial Management                    | HIC SE SE  |  |
| (Firm/Company)                                     |  |  |
| (Pittin Company)                                   | ်က္က်န္တာ မ  |  |
| 4504 LBb to accor C4                               | SEP -3 AM 11: 49 CRETARY OF STATE LAHASSEE. FLORID |  |
| 4594 Hibiscus St                                   |  |  |
| (Address)  | or -   |  |
|  | 2 <b>5</b>   |  |
| West Palm Beach FL 33417                           | 9  |  |
| (City/State and Zip Code)                          |  |  |
| •  |  |  |
| For further information concerning this matter, p  | please call:                                       |  |
|  |  |  |
| Matt Austin at a                                   | , 561 <sub>3</sub> 568-8528                        |  |
| at   | (Area Code & Daytime Telephone Number)             |  |
| (Name of Comact Ferson)                            | (Alea Code & Daytime Pelephone (Value))            |  |
| Enclosed please find a check made payable to the   | e Florida Department of State for:                 |  |
| \$25 Filing Fee                                    | \$55 Filing Fee &                                  |  |
| <u> </u>   | Certified Copy                                     |  |
|  | our 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)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  |  | s it appears on the records of t | he Florida Department        |
|--|--|----------------------------------|------------------------------|
| of State is: Pa                          | m Beach Financial N                      | lanagement LLC                   | <del></del>                  |
| 2. This limited liab                     | ility company was organize               | d under the laws of:             |                              |
| 3. The Florida doc<br>                   | -  | of this limited liability compan | y is:                        |
| 4. I, Jeanette C                         | Cacciola<br>Jame of Person Resigning)    | , hereby resign as a Ma          | anager<br>(Print Title)      |
| of this limited lia<br>resignation in wr | bility company and affirm the            | ne limited liability company ha  | •                            |
| <del>-</del>                             | \$25.00 (Required)<br>\$30.00 (Optional) |                                  | 09 SEP<br>SECRET<br>FALL AHA |

CR2E079 (5/06)