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| (Re | equestor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JAN -4 86.2

EXAMINER

COVER LETTER

| | stration Section sion of Corporations | |
|---|--|--|
| SUBJECT: | Higher Standard Wealth | Management LLC d Liability Company) |
| The enclosed filing. | · | anager resignation and fee(s) are submitted fo |
| Please return | all correspondence concerning the | is matter to: |
| Michael E | 3arina | |
| | (Contact Person) | |
| Higher St | tandard Wealth Managem | ent |
| | (Firm/Company) | |
| 110 W Y | | |
| | Topicity (No. (Address) | |
| Longwoo | d Fl 32779 | State of the second of the sec |
| | (City/State and Zip Code) | |
| For further in | nformation concerning this matter, | please call: |
| Michael E | 3arina a | at (407) 325-4653 |
| (N | lame of Contact Person) : | (Area Code & Daytime Telephone Number) |
| Enclosed ple | ease find a check made payable to t \$25 Filing Fee | the Florida Department of State for: \$55 Filing Fee & Certified Copy |
| Registration Division of C Clifton Build 2661 Execut | Corporations ding(tive Center Circle Florida 32301 ₁₀₋₃₃ | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |



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 of State is: Higher Standard Wealth N | t appears on the records of the Florida Department Management LLC |
|--|--|
| 2. This limited liability company was organized to Florida | under the laws of: |
| 3. The Florida document/registration number of t L09000092576 | his limited liability company is: |
| 4. I. Michael A Barina (Prim Name of Person Resigning) | , hereby resign as a Managing Member |
| | (Print Title) limited liability company has been notified of my |
| Signature of Resigning Member, Managing Me | mber or Manager |

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)