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(Requestor's Name)					
(Ad	ldress)				
- (Address)					
(Cit	ty/State/Zip/Phone	#n			
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PICK-UP	WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Dc	ocument Number)				
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Certified Copies Certificates of Status					
Special Instructions to	Filina Officer:				
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SECRETARY OF STATE

Office Use Only

N. Cuttigen DEC 1 7 2012

COVER LETTER

Divisio	n of Corporations					
SUBJECT: _	FINANCIAL	System	BUILDER	LLC		
	(Name	of Limited Liability	Company)			
The enclosed n filing.	nember, managing mem	ber or manager r	resignation and fee(s) are submitted for		
Please return al	Il correspondence conce	rning this matter	to:			
	•	•				
REBEC	CCA ESPULG	AR_				
	CCA ESPULG. (Contact Person)		4 			
FINANCL	FINANCIAL SYSTEM BUILDER LLC (Firm/Company)					
; 1	(Firm/Company)		/			
i						
,1480 B	ROYAL PAL	.m BEAC	Y BLVD.			
	(Address)					
ROYAL	PALM BEACH (City/State and Zip Code	1, FL 334	411			
	(City/State and Zip Code	(1)				
For further infe	ormation concerning thi	s matter nlease c	sall•			
roi iuitilei iiit	ormation concerning the	s matter, please t	∠aii.			
REBECC	A ESPULGAT ne of Contact Person)	2_at (56	635 -	9568		
(Nan	ne of Contact Person)	(Area (Code & Daytime Tele	phone Number)		
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	e find a check made pay \$25 Filing Fee	yable to the riori	da Department of S ☐ \$55 Filing Fee 8			
Certified Copy						
			5 4 5 4	r)		
	URIER ADDRESS:		MAILING A			
Registration Section			Registration Section			
Division of Corporations			Division of Co			
Clifton Buildir	ig e Center Circle		P.O. Box 632			

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section





FILED 2012 DEC 14 PN 12: 07

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	e limited liability compa	any as it appears	on the records of	the Florida Department
of State is:	FINAN CIAL	SYSTEM	BUILDE	R LLC
				·
	oility company was orga		iaws oi.	
	PIDA	·		
	nument/registration num	ber of this limite	d liability compa	any is:
4. I. Roy	LIM Name of Person Resigning)	, here	by resign as a	MANAGER
(Print)	Name of Person Resigning)			(Print Title)
of this limited lia resignation in w		irm the limited li	ability company	has been notified of my
	Balic			
	signing Member, Mana		Manager	
Filing Fee:	\$25.00 (Required)			
	\$30.00 (Optional)			