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L10000039234

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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T. HAMPTON

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CR2E079 (5/06)

Division of Corporations	
SUBJECT: Opus Group Financial LL	_C
(Name of Limited	d Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Joseph Safina	
(Contact Person)	
Opus Group Financial	,
(Firm/Company)	
1320 Seminal Drive	
(Address)	
Fort Lauderdale Florida 33304	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
James Giordano	at (203) 246 2644
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for:
\$25 Filing Fee	√ \$55 Filing Fee &
_	Certified 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	



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: Opus Group Financial	
This limited liability company was organized u Florida	nder the laws of:
3. The Florida document/registration number of the L10000039234	nis limited liability company is:
_{4. I.} Joseph Safina	, hereby resign as a Manager
(Print Name of Person Resigning)	(Print Title)
resignation in writing.	imited liability company has been notified of my
Signature of Resigning Member, Managing Men	mber or Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)