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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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| Certified Copies | Certificates | of Status | | | |
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| Special Instructions to Filing Officer: | | | | | |
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SEUNCIARY OF STATE

B. BOSTICK
JUN 2 9 2012
EXAMINER

COVER LETTER

| | Registration Section Division of Corporations | | |
|-----------------|---|--|--|
| SUBJE | | A, LLC | |
| | (Name of Limi | ited Liability Company) | |
| The end filing. | closed member, managing member or | manager resignation and fee(s) are s | submitted for |
| Please r | return all correspondence concerning | this matter to: | |
| LIBC | B. FINEBERG | | |
| | (Contact Person) | | |
| FINE | A, LLC | 4 | ı |
| | (Firm/Company) | | i i |
| 3500 | GATEWAY DRIVE #2 | 201 | 12 JU SEGAL |
| | (Address) | | AS AS |
| POM | MPANO BEACH, FLORI | DA 33069 | 2 JUN 27 AM 10: 03 EGREGARY OF STATE LLAHASSEE, FLORID |
| | (City/State and Zip Code) | | <u>0</u> |
| For fur | ther information concerning this matte | cr, please call: | OS NE NE NE NE NE NE NE NE NE NE NE NE NE |
| LIBO | B. FINEBERG | at (954) 975-6060 | |
| | (Name of Contact Person) | (Area Code & Daytime Telephone | Number) |
| Enclose | ed please find a check made payable t | | or: |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy | |
| | ET/COURIER ADDRESS: | MAILING ADDRE | ess: |
| ~ | ration Section | Registration Section | |
| | on of Corporations Building | Division of Corporations P.O. Box 6327 | |
| | 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

| 1. The name of the of State is: | limited liability company as FINFA, LLC | it appears on the records | s of the Florida Department |
|--------------------------------------|---|----------------------------|-----------------------------|
| 2. This limited liab | ility company was organized | under the laws of: | |
| 3. The Florida doc <u>L110000</u> | ument/registration number of 08926 | this limited liability con | npany is: |
| 4. I, MOHAM | MED FARUK | , hereby resign as a | MANAGER |
| (Print f | dame of Person Resigning) bility company and affirm the | | (Print Title) |
| Facunt | h | | |
| Signature of Res | igning Member, Managing M | 1ember or Manager | A co |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 12 JUN 27 LLAHASSEE |