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| (Re | questor's Name) | | | | | |
|-------------------------------|------------------|-------------|--|--|--|--|
| (Add | dress) | | | | | |
| (Add | dress) | | | | | |
| (Cit | y/State/Zip/Phon | e #) | | | | |
| PICK-UP | MAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Do | cument Number) | · | | | | |
| Certified Copies | _ Certificate: | s of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
| FEB - '5'2019\ Si, Tromier | | | | | | |
| | | | | | | |

Office Use Only



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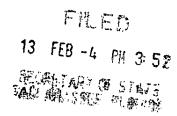


COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|-------------------|--------------------------------------|--|
| SUBJECT:R | (Name of L | FRJANCTAL imited Liability Compar | HOLDINGS, LLC |
| The enclosed member, m filing. | anaging member | or manager resignat | ion and fee(s) are submitted for |
| Please return all correspo | ndence concernin | g this matter to: | |
| CLAY (| EHMAJ | | |
| RESOLUTE (Fir | | | > |
| 13 NE 1 | _ | | |
| OCALA (Cir/S | L 344 | 70 | |
| For further information co | oncerning this ma | itter, please call: | |
| CLAY LEHA | nal | at (<u>352</u>)_ | 414 - 529 (Daytime Telephone Number) |
| (Name of Conta | ct Person) | (Area Code & 1 | Daytime Telephone Number) |
| Enclosed please find a ch | eck made payable | e to the Florida Depa \$55 | |
| STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C | ircle | Re Di P. | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314 |

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 | limited liability comp | any as it appea | ars on the records o | of the Florida | Department |
|-----------------------|-------------------------------------|------------------|----------------------|----------------|--------------|
| of State is: | RESOLUTE FT | IANCEAL | HOLDZNOS | ILLC | · |
| | | | | | |
| 2. This limited liabi | lity company was org | anized under t | the laws of: | | |
| <u> </u> | LTDA | · | | | |
| | | | | | |
| 3 The Florida docu | ment/registration nun | nber of this lin | nited liability com | nany is: | |
| | 20003724 | | | pully 10. | |
| | 2000 3121 | <u>/</u> . | | | |
| 4. I, JEREM | Y COLLETT ame of Person Resigning) | , h | ereby resign as a _ | MGR | \sim |
| (Print No | ame of Person Resigning) | | | (Print T | itle) |
| of this limited liab | oility company and aff | irm the limite | d liability compan | y has been no | tified of my |
| resignation in wri | ting. | | | | |
| () | 111 | | | | |
| premy | Liot | | | | |
| | gning Member, Mana | ging Member | or Manager | | |
| | | | J | | |
| • | | | | | |
| Filing Fee: | \$25.00 (Required) | | | | |
| Certified Copy: | \$30.00 (Optional) | | | | |