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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Flagship Financial Services,	LLC	
	ited Liability Con	npany)
The enclosed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.
Please return all correspondence concerning t	this matter to:	
Jerome Kislia		
(Contact Person)		_
Flagship Financial Services, LLC		
(Firm/Company)		_
1500 NW 62nd ST #206		
(Address)		-
Fort Lauderdale, FL 33309		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Jerome Kislia	954	771-8984
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

The name of the limited liability company as it appears on the record of State is: Flagship Financial Services, LLC	ds of the Florida Department
2. The Florida document/registration number assigned to this limited li	ability company is:
3. The date this member/manager withdrew/resigned or will withdraw/	resign is:
4. I. Deborah Healy, hereby withdraw, hereby withdraw.	
MGR	
of this limited liability company and affirm the limited liability compresignation in writing.	any has been notified of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)