L12000071468

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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SPECKELARY OF STATE

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SPECKELARY OF STATE

SP

C. LEWIS

AUG 2 0 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations Financial Charters Group LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Osvaldo Delgado, Jr. (Contact Person) Financial Charters Group LLC (Firm/Company) 8401 SW 107 Avenue, Apt. 371E (Address) Miami, FL 33173 (City/State and Zip Code) For further information concerning this matter, please call: Osvaldo Delgado, Jr. 786 663-6239 at (__ (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

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





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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)

Fina	limited liability company as it appears on the records of the Florida Department ncial Charters Group LLC
2. The Florida doc L1200007146	ment/registration number assigned to this limited liability company is:
Osvaldo Del	, hereby withdraw/resign as a man of Person Resigning)
	(Print Title)
of this limited lia resignation in	bility company and affirm the limited liability company has been notified of my
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)