

L/2000158850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

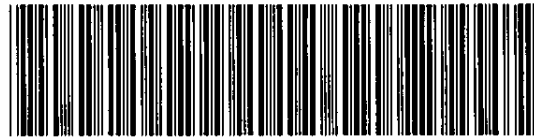
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG - 6 2013
A. LUNT

Office Use Only



500248166345

08/02/13--01015--002 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG - 2 PM 2 28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST FINANCIAL RESOLUTIONS LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH T SCHIAVONE JR

(Contact Person)

BEST FINANCIAL RESOLUTIONS LLC

(Firm/Company)

521 NORTHLAKE BLVD #4

(Address)

N PALM BEACH FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH SCHIAVONE at 561 840.8708

(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:

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

2013 AUG -2 PM 2:28
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED



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 appears on the records of the Florida Department of State is: BEST FINANCIAL RESOLUTIONS LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L12000158850

4. I, LYNNE WEBER, hereby resign as a MEMBER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

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

FILED
2013 AUG -2 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA