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SECRETARY OF STATE

JUL 1 2 2013 T. HAMPTON

COVER LETTER

Division of Corporations		
SUBJECT: MC Financial Solutions LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Marcus Zarfos Name of Person		
MC Financial Solutions		
1921 El Aneci St Address		
Port Saint Lucie FL 34983 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Marcus Zarfos at (772) 985 1058 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clif		

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee



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 Departmen of State is: MC Financial Solutions
2. This limited liability company was organized under the laws of: Florida limited liability Company
3. The Florida document/registration number of this limited liability company is:
4. I, Terrence School of the hereby resign as a Managur (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.
Jeagna Sheule
Signature of Resigning Member, Managing Member or Manager
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\$25.00 (Required) \$30.00 (Optional)

Filing Fee: Certified Copy: