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COVER LETTER

Division of Corporations IBE Financial Group , んんこ (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: Vickie M. Smith Jackson (Contact Person) (Firm/Company) 9032 SW 152 Street (Address) Palmetto Bay, FL 33157 (City/State and Zip Code) For further information concerning this matter, please call: Vickie M. Smith Jackson at ((Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	he limited liability company as it a BE Financial Group , LL		.orida I)epar	tment
2. This limited l	iability company was organized un	der the laws of:	ATT OF THE PROPERTY OF THE PRO	13 APR 18	n ji n ji Nama Nama
3. The Florida d L1300005	ocument/registration number of thi	is limited liability company is:		PH 4: 23	A STATE OF THE STA
4. I, lan S. Jackson (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)			
of this limited resignation in	liability company and affirm the linwriting.	mited liability company has be	en noti	fied o	of my
Signature of P	signing Member, Managing Mem	ber or Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy:

\$30.00 (Optional)