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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FINANCIAL FREEDOM PARTNERS 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:

MAGGIE SAIZ

(Contact Person)

FINANCIAL FREEDOM PARTNERS LLC

(Firm/Company)

18400 NW 75 PLACE STE 131

(Address)

HIALEAH, FL. 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

MAGGIE SAIZ

,,305

698-6800

(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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the FI	orida De	partme	ent
2. This limited liabil STATE OF F	ity company was organized under the laws of: LORIDA	ECCHESS.	2013 SEP 25	artes a artes a artes a artes a artes a artes a artes artes artes artes artes artes a a a artes a a a a a a a a a a a a a a a a a a a
3. The Florida docur L1300009060	ment/registration number of this limited liability company is: 08		作出 油 82	i.
(Print Na	lity company and affirm the limited liability company has be	rint Title)		 1y
	Naturation ning Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			