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SECRETARY OF SIAIDA
TALLAHIASSEE, FLORIDA
15 JAN - 7 PH 4: 02

JAN 12 2015 T. CARTER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	ECT: MAAN FINANCIAL ., LLC  (Name of Limited Liability Company)		
	(Name of L	Limited Liability Cor	npany)
The c	enclosed member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Pleas	e return all correspondence concerning	ng this matter to:	
	Andriy Tkachenko		
	(Contact Person)		_
	MAAN FINANCIAL LLC		
	(Firm/Company)		<del>-</del>
	5321 NE 24TH TERR APT	303	
	(Address)		_
	FORT LAUDERDALE, FL, 3	3308	
	(City/State and Zip Code)		_
For fi	urther information concerning this ma	atter, please call:	
	ANDRIY TKACHENKO	+1 305	414-4244
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		The state of the s

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN - 7 PM 4: 02

## 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)

1. The name of the	e limited liability company as it	appears on the records of the Florida Department
of State is:	MAAN FINANCIAL LLC	·
	cument/registration number assig	ened to this limited liability company is:
4. I, ANDRIY TI	ember/manager withdrew/resign KACHENKO  Name of Person Resigning)	ed or will withdraw/resign is:
TIT	LE MANAGER	
	(Print Title)	
of this limited lia resignation in w		mited liability company has been notified of my
Allen	Califice	
Signature of D	issociating Member or Resignin	g Manager
_	\$25.00 (Required)	
Certified Conv:	\$30.00 (Optional)	