L14000 183120

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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TALLAHASSEE FLORIDA

DEC 1 6 2014 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: REXIS FINANCIAL (Name of Limited Liab	LLC
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to:
TOALBERTO GONEALEE (Contact Person)	
(Contact Person)	
REXIS FINAUCIAL LLC (Firm/Company)	
(Firm/Company)	
251 Valencia AVE # 4964	
(Address)	
CORNI GABLES FL 33/34	
CORAL GABLES, FL 33/34 (City/State and Zip Code)	
For further information concerning this matter, please	se call:
TDALBERTO GONZALEZ at (30) (Name of Contact Person) (Are	05 588 1915
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Fl \$25 Filing Fee \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327

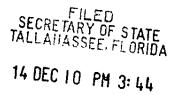
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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	limited liability company as it appears on the records of the Florida Department
of State is:	REXIS FINANCIAL LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L140001	83120
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: /2-0}-20/4
4. I, Nichol	hereby withdraw/resign as a a me of Person Resigning)
Man	(Prim Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
4	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)