# 118000053478

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	/AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Officer:	

Office Use Only



200321387502

12/05/18--01018--002 \*\*25.00

9 550 -5 7HH 16

### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HARUS Fundamented L	ONG PARTNERS, LCC. iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
CHRIS Martingot (Contact Person)	<u> </u>
PHARUS GROUP, LLC. (Firm/Cympany)	
	. JUTE 302
fort 57 Lucie, FL 3 (City/State and Zip Code)	<u>4986</u>
For further information concerning this matter, ple	rase call:
CHRIS JORHARDT at ( (Name of Contact Person) (A	772 ) 223-3344 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

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	e limited liability company as it appears on the records of the Florida Department
of State is:	PHARUS FUNDING PARTNERS, LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	8000053478
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 9/26/18
	NUEL //ANOS , hereby withdraw/resign as a
MANAG	(Print 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	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)



#### 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:	PHARUS FUNDING PARTNERS, LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	8000053478
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 7/26/18
4. I, <u>EMMA</u> (Print )	WIET JAVO5, hereby withdraw/resign as a Vame of Person Resigning)
MANAG	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
and	Mas
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)