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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CONCORDIA FINANCIAL EXCHANGE LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
STEVE COVERT	
(Contact Person)	
CONCORDIA FINANCIAL EXCHANGE LLC (Firm/Company)	
7025 CR46A, SUITE 1071	
(Address) LAKE MARY FL 32746	
(City/State and Zip Code)	3
For further information concerning this matter, please call:	20 DEC
STEVE COVERT at (407) 587-1200	t -
(Name of Contact Person) (Area Code & Daytime Telephone Number)	=
Enclosed please find a check made payable to the Florida Department of State for: **S25 Filing Fee **Certified Copy**	kH 9: 2F

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)



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 lin	nited liability company as it appears o	n the records of the Florida Department	
of State is: CON	CORDIA FINANCIAL EXCH.	ANGE LLC	
2. The Florida docum	ent/registration number assigned to th	is limited liability company is:	
L200002461			
3. The date this mem	per/manager withdrew/resigned or will	l withdraw/resign is: 11/17/20	
	INVESTMENTS PTY LTD, hereby e of Person Resigning)	y withdraw/resign as a	
	MGR		
(P)	int Title)		
of this limited liabil resignation in writing	· · ·	bility company has been notified of my	
~	-k M ? ?		20 DFC
Signature of Diss	ciating Member or Resigning Manage	er	
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Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		٥
common copy.	550.00 (Optional)		0