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JAMES 17 PM 2: 22



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Pa	intheon Financial Managemen	t, LLC	
	(Name of	Limited Liability C	Company)
The enclosed m	ember, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please return al	l correspondence concerr	ning this matter to	a:
Craig W. Young,	Esq.		
	(Contact Person)		
CWY Legal & Co	nsulting, LLC		
	(Firm/Company)	.=	.
2500 Quantum La	kes Drive, Ste 100		
	(Address)	-	
Boynton Beach, F	33426		
	(City/State and Zip Code)		_
For further info	rmation concerning this r	natter, please cal	1:
Craig Young			568-1000
(Name	e of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please	find a check made payat	ole to the Florida	Department of State for:
🛢 \$25 Filing Fo	ee	🗆 \$ 55 Fili	ng Fee & Certified Copy

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

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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)

	ument/registration number as	signed to this limited liability company is:
L21000219336		D8/09/ZdcZ
. The date this m	ember/manager withdrew/resi	gned or will withdraw/resign is:
. I,	don	, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
MGR		
MOK		
———	(Print Title)	
<u> </u>	ability company and affirm the	e limited liability company has been notified of my
of this limited lia	ability company and affirm the	e limited liability company has been notified of my
of this limited lia resignation in w	ability company and affirm the	nine Manager
of this limited lia resignation in w	ability company and affirm the riting.	nine Manager
of this limited lia resignation in w Signature of D	ability company and affirm the riting.	