# M0800003506

	(   1	<del> </del>
(Reque	stor's Name)	
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(City/St	ate/Zip/Phone :	#)
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#### **COVER LETTER**

SUBJECT:	Name of	Limited Liab	oility Co	mpany		<del></del>
DOCUMENT NUMBER:		M08000003	3506			
The enclosed Resignation of R for filing.	egistered Age	ent for a Lin	nited Li	ability Co	mpany and i	fee are submitted
Please return all correspondence	e concerning	this matter	to the f	ollowing:		
Kaitie S	perry					
Name of	Person					
Corporate I	Direct, Inc.					
Name of Fire	n/Company					
2248 Meridia	an Blvd, Ste	Н				
Addr	ess					
Minden, N	V 89423					
City/State an	d Zip Code		<del></del>			
info@corpora	tedirect.com	ı				
E-mail address: (to be used for	future annual re	port notification	on)			
For further information concer	ning this mat	ter, please ca	all:			
Kaitie Sperry		775	7	82-2201	lephone Num	
Name of Person		Area C	Code D	Daytime Te	lephone Num	ber

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

#### STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0	115, Florida Statutes, the under	rsigned,			
Gerri Detweiler		_ , hereby resigns as			
Name of Registered A	gent	, , , ,			
Registered Agent for SHARED FINANCE	CIAL GROUP, LLC			<b>~</b> -	
Name of I.	imited Liability Company			_•	
M08000003506					
Document Number, if known					
A copy of this resignation was mailed to the	e above listed limited liability	company at its last kn	iown address.		
The agency is terminated and the office dis	continued on the 31st day after	the date on which th	is statement i	s filed.	
If signing on behalf of an entity:	Octurally Signature of Resigning Agent	8-29-17	ZHI SE		
	Gerri Detweiler		SEP -1	633110-	
	Typed or Printed Name  Peg agent  Capacity		AMII: 03	***	
FILIN \$ 85.00 \$ 25.00		ompany ed/voluntarily dissolty ty company	ved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314