## 123000196190

(Requestor's Name)
(Address)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Codificat Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800419872588

10.05/05--01021--0**0**9 (\*\*25.00

PILED

2023 DEC -5 PH 12: 59

## **COVER LETTER**

**TO:** Registration Section **Division of Corporations** Ameritrust Gold and Metals Exchange LLC SUBJECT: (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: Gary S Thoubboron (Contact Person) Ameritrust Gold and Metals Exchange LLC (Firm/Company) 9336 Applecrest Dr. (Address) Palm Beach Gardens FL 33410 (City/State and Zip Code) For further information concerning this matter, please call: Gary S Thoubboron 561 37 at (\_\_\_\_\_) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



## 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)

	limited liability company as itrust Gold and Metals Exchange	• •	ords of the Flor	ida Departi	ment 
2. The Florida doc L23000196190	ument/registration number as	ssigned to this limited	liability compa	any is:	
Carrie C. Thombia.	mber/manager withdrew/res			30/23	_
4. I. (Paint )	ame of Person Resigning)	, hereby withdra	w/resign as a		
MGR	ume oj 1 erson Kesigning)				
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th	e limited liability con	ipany has been	notified of	îmy
Signature of D	ssociating Member or Resig	ning Manager	Ä	2029 DEC -5	
Filing Fee:	\$25.00 (Required)		ز		
_	\$30.00 (Optional)			15.55 15.55	1