

L03000032831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200041634222

10/18/04--01040--006 **25.00

W 10/20/

04 OCT 18 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, TEOWNE Williams, hereby resign as Managing Member
(Title)

of Trimege Consulting Group LLC,
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida.

and affirm that the limited liability company has been notified in writing of the resignation.

Teowne Williams

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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

FILED
04 OCT 18 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA