

L10000050810

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2023 NOV 16 PM 4:00

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FORENSIC DATA GROUP, 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:

LINDA APONTE  
\_\_\_\_\_

(Contact Person)

FORENSIC DATA GROUP LLC  
\_\_\_\_\_

(Firm/Company)

1000 SOUTHERN BLVD SUITE 300  
\_\_\_\_\_

(Address)

WEST PALM BEACH, FL 33405  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA APONTE  
\_\_\_\_\_

(Name of Contact Person)

at ( 561 ) 804-9424  
\_\_\_\_\_  
(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:**

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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2023 NOV 16 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

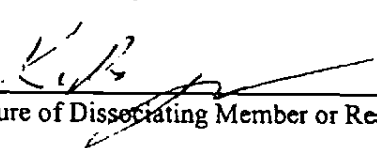
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FORENSIC DATA GROUP LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000050810
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/2023
4. I, KENT A. BAUGHMAN - Baughman, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
TITLE MGRM, PRESIDENT  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)