

L10000070750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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3556 SW 14th St Ft. Lauderdale, FL 33312
(954) 294-5153 •

October 21, 2014

Re: Voluntary Dissociation of Limited Liability Corporation Member
Total Safety Training & Consultants LLC

This letter serves as notice of my intent to Voluntary Dissociate myself as a Managing Member of Total Safety Training & Consultants LLC a Florida Limited Liability Corporation, Document Number L10000070750. My dissociation effective date is December 31st 2014. On the effective date I release all rights, claims and authority to the remaining Managing Member Darrylle Hood.

If you any questions regarding this letter of dissociation please feel free to contact me directly.

Respectfully,

Geovanni Hood

A handwritten signature in black ink, appearing to read "G. Hood", written over the printed name and title.

Managing Member
Total Safety Training & Consultants LLC
3556 SW 14th St
Ft. Lauderdale, FL 33312

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL SAFETY TRAINING & CONSULTANTS, 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:

Darrylle Hood

(Contact Person)

Total Safety Training & Consultants, LLC

(Firm/Company)

3556 SW 14th St

(Address)

Ft. Lauderdale, FL 33312

(City/State and Zip Code)

For further information concerning this matter, please call:

Darrylle Hood

954

540-6241

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:

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



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: TOTAL SAFETY TRAINING & CONSULTANTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000070750

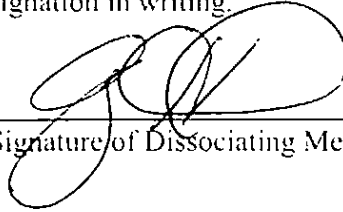
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2014

4. I, GEOVANNI HOOD, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER MGR

(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)