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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	of Status			
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COVER LETTER · ·

	Registration Section Division of Corporations	
SUBJE	McKinnon Wealth Management,	.LC
00000	imited Liability Company)	
The encl	losed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ig this matter to:
Shawn C.	Snyder, Esq.	
	(Contact Person)	
Snyder &	Snyder, P.A.	
	(Firm/Company)	
7931 Orai	nge Drive	
	(Address)	
Davie, FL	. 33328	
	(City/State and Zip Code)	
For furth	ner information concerning this m	itter, please call:
Brittany k	Kennedy, Legal Assistant	954 4751139 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed	d please find a check made pavabl	e to the Florida Department of State for:
	Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Fallahassee, FL 32314	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)

	limited liability company as	s it appears on the records of t	he Florida Departmer
2. The Florida docu	ument/registration number a	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is: 10/01/2022
4. I. Robert H. McKinnon, hereby withdraw/resign as a, hereby withdraw/resign as a		n as a	
Manager			
	(Print Title)		
of this limited lial resignation in wr		ne limited liability company h	as been notified of my
Poler	TH McKin		., 2
Signature of Di	ssociating Member or Resig	gning Manager	2022 Civ. I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		:
			, 13 , 6: