L12000156540

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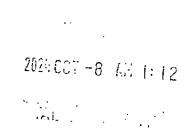10/08/24--01093--009 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEALTHCORE FINANCIAL 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:

Avishai Nir
_____
(Contact Person)

WEALTHCORE FINANCIAL LLC
_____
(Firm/Company)

803 Shotgun Road
_____
(Address)

Sunrise, FL 33326
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Avishai Nir   954   990-2260
_____ 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

CR2E079 (2-14)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

202* CCT -8 *: *: 12

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: WEALTHCORE FINANCIAL LLC
_____.

2. The Florida document/registration number assigned to this limited liability company is:
L12000156540
_____.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/30/2024 _____

4. I, Mikel Rosenberry
_____, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member
_____.
(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)

CR2E079 (2 14)