## 113000039143

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(Address)			
. (Address)			
(City/State/Zip/Phone #)			
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DDR 5/8/15

## **COVER LETTER**

DATE

TO:	Registration Section Division of Corporations		
SUBJE	CT: Trusted Advisors Group, L.L.C.		
	The enclosed member/manager resignation and Please return all correspondence concerning the Jacqueline Wier (Contact Person)  Premier Insurance (Firm/Company)  1326 Cape Coral Pawer (Address)  (Address)  Oral II	· · ·	
(City/State and Zip Code)  For further information concerning this matter, please call:			
\	Jacqueline Weel	_at (239 699-4236	
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			
	STREET/COURER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

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

(Pursuant to 605.0126, Florida Statutes)

R FILED 2013 MAY 13 PM 2:58

1. The name of the limited liability company as it appears on the records of the Florida Department Fil ORIDA of State is <u>Trusted Advisors Group</u>, <u>LLC</u>.

- 2. The Florida document/registration number assigned to this limited liability company is: <u>L13000039143</u>.
- 3. The date this member withdrew and manager resigned or will withdraw or resign is:
- 4. I, <u>Jacque Wier</u>, hereby withdraw as a <u>member</u> and resign as a <u>manager</u> of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Jacque Wier, Dissociating Member/Resigning Manager