

L140000035396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

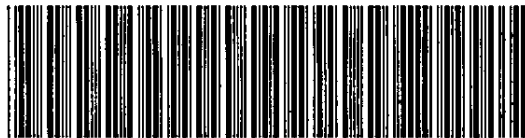
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 27 P 4: 14

FILED

JUN 06 2016

Warren
MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trusted Installation LLC
(Name of Limited Liability Company)

The enclosed member resignation (or dissolution and fees) are submitted for filing.

Please return all correspondence concerning this matter to:

Linda Chapman
(Contact Person)

(Name/Company)

Attn: W. Hercules Ave STE D
(Address)

Clearwater FL 35705
(City, State and Zip Code)

For further information concerning this matter, please call:

Clay Chapman at 727 686-1178
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for
\$50 filing fee. Enclosed is also a true copy

MAILING/COURIER ADDRESS:

Registration Section
Division of Corporations
C/MCO Building
2601 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 627
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0916, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Trusted Installation LLC

2. The Florida document/registration number assigned to this limited liability company is: L 14000035396

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 3/2015

Clayton Chapman hereby withdraw/resign as a

(Print Name of Person Resigning)

Manager

(Print Title)

I, the undersigned, am a member/manager of this limited liability company, and affirm the limited liability company has been notified of my resignation in writing.

Clay Chapman

Signature of Dissociating Member or Resigning Manager

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

FILED
MAR 27 2015
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE