## L15000173321

| (Re                     | questor's Name)    | -               |
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| (Ad                     | ldress)            |                 |
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| (Ad                     | ldress)            |                 |
|                         |                    | 10              |
| (Cit                    | ty/State/Zip/Phone | <del>?</del> #) |
| PICK-UP                 | ■ WAIT             | MAIL            |
|                         |                    |                 |
| (Bu                     | isiness Entity Nan | ne)             |
| ·                       |                    |                 |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
|                         |                    |                 |
| Special Instructions to | Filing Officer:    |                 |
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Office Use Only



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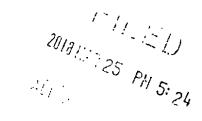
## **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Converde Strategy Partners LLC (Name of Limited Mability Company)  |  |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.   |  |  |
| Please return all correspondence concerning this matter to:   |  |  |
| Phil Chesson (Contact Person)   |  |  |
| Chesson Group (Firm/Company)  |  |  |
| 1471 Noell Blud (Address)   |  |  |
| Palm Harbor, FL 34683 (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:  |  |  |
| PLL Chesson at (727) 744-3559 (Name of Contact Person) (Area Code & Daytime Telephone Number)   |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\infty\$ \$25 Filing Fee & Certified Copy  |  |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |

CR2E079 (2/14)

**TO:** Registration Section





## 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 Departme       |
|---|--|
| of State is:                              | onverde Strategy Partners 4C   |
| 2. The Florida docu                       | ument/registration number assigned to this limited liability company is:             |
|   | 000173321  |
| 3. The date this me                       | mber/manager withdrew/resigned or will withdraw/resign is: 3/20/19                   |
|   | hereby withdraw/resign as a dame of Person Resigning)                                |
|   | (Print Title)  |
| of this limited lial<br>resignation in wr | bility company and affirm the limited liability company has been notified of miting. |
| PH  | Age  |
| Signature of Di                           | ssociating Member or Resigning Manager   |
| Filing Fee:                               | \$25.00 (Required)   |
| Certified Copy:                           | \$30.00 (Optional)   |