

L16000037636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

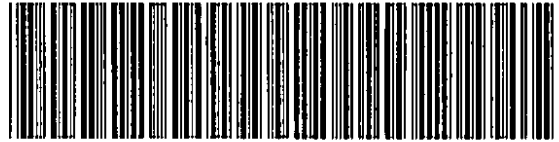
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

JA 10/5/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soldi Financial Group 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:

David Cook and Dawn Cook

(Contact Person)

Safeguard Assurance LLC

(Firm/Company)

11228 28th St. Cir E

(Address)

Parrish, FL 34219

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn Cook

941

932-1389

(Name of Contact Person)

at ()

(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



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 Department of State is: Soldi Financial Group LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000037636

3. The date this member/~~manager~~ withdrew/~~resigned~~ or will withdraw/~~resign~~ is: February 15, 2019

4. I, Safeguard Assurance LLC (Members: David S. Cook and Dawn M. Cook), hereby withdraw/~~resign~~ as a
(Print Name of Person Resigning)

Managing Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my ~~resignation~~
~~disassociation~~ in writing, and mailed to Soldi Financial Group LLC to the attention
of Cesar Chacon, owner of Insurance Hub LLC

[Signature] Dawn M Cook

Signature of Dissociating Member ~~Resigning Member~~

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

FILED
2020 AUG 17 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FL