L17000104716

(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

S. WARREN

SEP 07 2017

Law Offices of
STEWART F. SCHECHTER

630 DUNDEE ROAD
SUITE 120
NORTHBROOK, ILLINOIS 60062
(847) 498-8872
FAX (847) 480-7882
EMAIL: sfslawoffl@aol.com
EMAIL: StewSchechter@aol.com

August 24, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: The Tremper Trio LLC

Dear Sir/Madam:

Enclosed please find a Cover Letter and an original and one (1) copy of a Dissociation or Resignation of Member, Manager From Florida or Foreign Limited Liability Company, whereby Sandra O'Brien withdraws/resigns as Manager of The Tremper Trio LLC, along with a check for $25.00, representing the filing fee.

Please process the Dissociation or Resignation of Member, Manager and following same, please cause a filed copy to be returned to the undersigned.

If you have any questions, please contact me.

Very truly yours,

Stewart F. Schechter

SFS:sts
Enclosures
clients\tremper\sandrawdraw.flr
#4931.1A

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TREMPER TRIO 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:

Stewart Schechter, Esq.
(Contact Person)

(Firm/Company)

630 Dundee Road, Suite 120
(Address)

Northbrook, Illinois 60062
(City/State and Zip Code)

For further information concerning this matter, please call:

Stewart Schechter at (847) 498-8872
(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/COURIER 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

CR2E079 (2/14)

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: THE TREMPER TRIO LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000104716

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/22/2017

4. I, SANDRA O'BRIEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

[illegible] 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)

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TALLAHASSEE, FLORIDA

CR2E079 (2.14)

COF

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

[illegible] WITHDRAWAL/RESIGNATION OF MEMBER/MANAGER FROM [illegible] 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: THE TREMPER TRIO LLC

2. The Florida document/registration number assigned to this limited liability company is: L17000104716.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/22/2017

4. I, SANDRA O'BRIEN, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER.
(Print Title)

[illegible] has been notified of my [illegible] in writing.

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA

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