



Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRUST PAY CORPORATION
Account Number : 120140000092
Phone : (786) 520-6788
Fax Number : (754) 300-1545

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4DETROIT LLC**

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Corporate Filing Menu

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9/21/18 DS

2018 SEP 20 PM 4:17

**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: 4DETROIT LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000170372
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/20/2018.
4. I, STEPHANIE P. FISCHER, hereby withdraw/resign as a MEMBER and MANAGER of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Stephanie P. Fischer
(Signature of Dissociating Member or Resigning Manager)

