117000223300

J	
	(Requestor's Name)
	(Address)
	(Address)
	(City (Chata Tin/Dhana 4)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
Ů	
1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
 N :	
u U	
11	

Office Use Only



800306392258

12/08/17--01018--020 **25.00

17 0FC -8 AHTH: 34

. . .

COVER LETTER 👡

Division of Corporations
SUBJECT: Trust Marketing Group LIC
(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:
Antonio L Chaparro (Contact Person)
(Firm/Company)
110) Cobbles tox Cir.
Missimmer FJ 34744 (City/State and Zip/Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (40) 569.955 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$ \$25 Filing Fee \$\Pi\$ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E07**9** (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Trust Marke ting Group dd -
2. The Florida document/registration number assigned to this limited liability company is:
L1700023300
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\sqrt{2.5.2000}$
4. 1. Gui crmo favir hereby withdraw/resign as a (Print Name of Person Resigning)
Print Title)
of this limited liability company and affirm the 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)

CR2E079 (2/14)