

L18 0000 H98 01

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

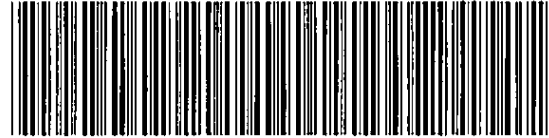
(Document Number)

Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL



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: Trusted Connections LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000049801

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

4. I, Michelle Chambers, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorize Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Michelle

Signature of Dissociating Member or Resigning Manager

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