118000146901

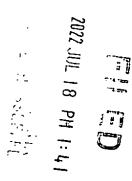
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

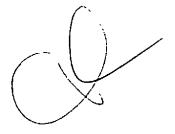
Office Use Only



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97/18/22--01939--016 **55.00





COVER LETTER

TO: Registration Section Division of Corporations TRIDENT FINANCIAL HOLDINGS LLC **SUBJECT:** (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: EMERSON LARMOND (Contact Person) GREENBELT INTERNATIONAL, LLC (Firm/Company) 3635 NE 1ST AVE #1509 (Address) MIAMI, FL 33137 (City/State and Zip Code) For further information concerning this matter, please call: **EMERSON LARMOND** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee

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)

TRID	limited liability company a	s it appears on the records of	the Florida Department
2. The Florida docu L18000146901	ument/registration number a	assigned to this limited liabili	ity company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resig	04/29/2022 gn is:
EMERSON LARMOND 4. I,		, hereby withdraw/resi	gn as a
(Print N	ame of Person Resigning)		
(Print Title)			
of this limited lia resignation in wr		he limited liability company	has been notified of my
Emerson La	irmond	7/6/2022 2.54 PM EDT	
	issociating Member or Resi	gning Manager	2022 JU
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2022 JUL 18 PH