

L180000218790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

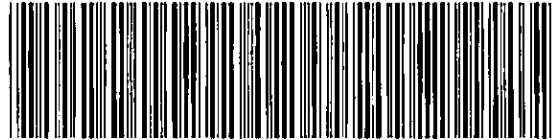
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

5/29/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Hudson-Peden CPA Group, PLLC

(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:

J. Andrew Swisher

(Contact Person)

The Hudson-Peden CPA Group, PLLC

(Firm/Company)

1020 E. Cervantes Street

(Address)

Pensacola FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Andrew Swisher

850 897-0000
at ()

(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

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



COLE
Law Firm

Via USPS Regular Mail

April 2, 2025

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

Re: Resignation of Robert T. Hudson
Document #: L18000218790

Dear Clerk:

Enclosed please find the following regarding the above-referenced transaction:

- 1) Attorney Trust check 1491 in the amount of \$25 for the filing fee.
- 2) Cover letter.
- 3) Form: Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company.

Please do not hesitate to call with any questions or concerns.

Sincerely,

Heather L. Hill
Administrative assistant to Kimberly C. Cole, Esquire



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2025 APR -8 AM 11:44

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: The Hudson-Peden CPA Group, PLLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000218790


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2024

4. I, Robert T. Hudson, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager/Member

(Print Title)

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


Robert T. Hudson (Mar 27, 2025 11:09 CDT)

Signature of Dissociating Member or Resigning Manager

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