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C Kinsey

, COVER LETTER

TO; Registration Section Division of Corporations STOCK TRADING PRO 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: Pete Renzulli (Contact Person) STOCK TRADING PRO LLC (Firm/Company) 158 Las Brisas Circle (Address) Hypoluxo, FL 33462 (City/State and Zip Code) For further information concerning this matter, please call: Pete Renzulli (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 Street Address: Mailing Address:

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

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)

	the limited liability company as it a rimity Therapeutic Wellness Center LLC	appears on the records of the Florida Department
2. The Florida d		ned to this limited liability company is:
W-II O	4	ed or will withdraw/resign is:
4. I, (Pri) Manager	int Name of Person Resigning)	, hereby withdraw/resign as a
•	(Print Title)	
of this limited resignation in		mited liability company has been notified of my
47/	200	
Signature of	f Dissociating Member or Resignin	g Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)