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C. GOLDEN 0CT - 5 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRUE CHARACTER, LLC
(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:
BRANDY YSKA (Contact Person)
(Contact Person)
TRUE CHARACTER, LLC (Firm/Company)
11053 MERIDIAN DRIVE NORTH
PARKLAND FL 33076 (City/State and Zip Code)
For further information concerning this matter, please call:
BRANDY (SKA at (954) 701-0779 (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 \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Division of Corporations P.O. Box 6327

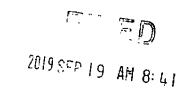
Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301





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: TRUE CHARACTER, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L19000139144
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/16/19
4. I, MARLIN R. BOLLINGER hereby withdraw/resign as a (Print Name of Person Resigning)
AMBR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Mark L. Sellings Signature of Dissociating Member or Resigning Manager
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)