

L19 0000153694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

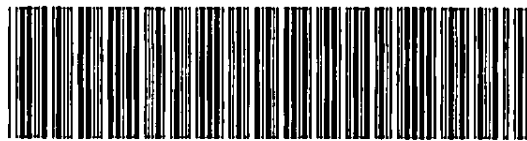
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900387140119

05/16/22--01042--016 **55.00

RECEIVED

2022 MAY 16 AM 11:18

SECRETARY OF STATE
MASSACHUSETTS

Dissociation

JUL 21 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

453 CAPITAL INVESTMENTS, 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:

TIMOTHY CHARLES JOUBERT

(Contact Person)

453 CAPITAL INVESTMENTS, LLC

(Firm/Company)

1315 CALABRIA ROAD

(Address)

PANAMA CITY FLORIDA, 32405

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY JOUBERT

985

966-5907

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

FILED
2022 MAY 16 AM 11:18
CORPORATION
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
453 CAPITAL INVESTMENTS, LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
1.19000153694

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/07/2022
RUTH JOUBERT

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

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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