# K2C CCOO 75724

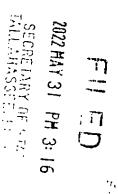
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
AUG - 9 2022

Office Use Only



600388610056

05/31/22--61036--893 \*\*25.00



#### **COVER LETTER**

Division of Corporations	
SUBJECT: The Trusted Companies (Name of Limited Liabi	ility Company)
The enclosed member, resignation or dissociation an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to:
Raca Abuguta (Contact Person)	
The Trusted Companies (Firm/Company)	LLC
230 E. Marks street	
Oxlando FL 32803 · (City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
(Name of Contact Person) at (Are	207 ) 222143 ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flex \$25 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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:	Florida	
2. The Florida doc	ument/registration number assigned to this limited liability company is:	
	00075729	ንል
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10/14 <sup>th</sup> /2021	<i>Μ</i>
4. L. // YGO	hereby withdraw/resign as a law of Person Resigning)	
	(In Sev . (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my	
Signature of D	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

### To Whom It May Concern,

I would like to inform you and remind you that I resigned from the following companies since I walked out from the office on 10/14<sup>th</sup>/2021 at 230 E Marks Street Orlando FL 32803.

- \*Princeton Capital Markets Advisors LLC.
- \*Princeton Realty Advisor LLC.
- \*The Trusted Companies LLC.
- \*Princeton Wealth Management Group LLC.
- \*Trusted Property Partners LLC.

I have no responsibility on all the above companies

Regards,

5/18<sup>th</sup>/2022

Raed Abuquta.