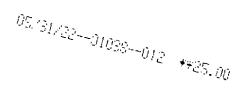
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(Re	equestor's Name)		
(Address)			
(Address)			
/City/State/Zin/Phone f0			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	J. HOR	NE	
	AUG - Y	2022	
-			

Office Use Only



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FILED

2022 MAY 31 PM 3: 25

SECRETARY OF 5 TO

### **COVER LETTER**

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Dringe ton Weal (Name of Limite	th Manasement Corrup IIC ad Liability Company)
The enclosed member, resignation or dissociate	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Raed Abuguta (Contact Person)	
Princeton Wealth Money (Firm/Company)	einent Croup IIC
230 E Marks street	
Orlando FL 37 (City/State and Zip Code)	(63
For further information concerning this matter	please call:
	at (407) 7777143 (Area Code & Daytime Telephone Number)
(Ivane of condet Forson)	(rued code & Daysime Telephone (value))
Enclosed please find a check made payable to	•
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
A MILLIAND WAY A AND WALL A 1	

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)

of State is: Florida  2. The Florida document/registration number assigned to this limited liability company is:  L 20000 90 9 65  3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/20  4. I, Rand Sar (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	ility company as it appears on the records of the Florida Department
2 20000 90 9 65  3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/20  4. I, Print Name of Person Resigning)    Manager   Print Title     Of this limited liability company and affirm the limited liability company has been notified of my	prida
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/20 4. I, Rand Abuguta, hereby withdraw/resign as a (Print Name of Person Resigning)  Mana Say (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my	ration number assigned to this limited liability company is:
4. I, frint Name of Person Resigning)  Agra Sar  (Print Title)  of this limited liability company and affirm the limited liability company has been notified of my	965
of this limited liability company and affirm the limited liability company has been notified of my	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Required)

# 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.