

120000090993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

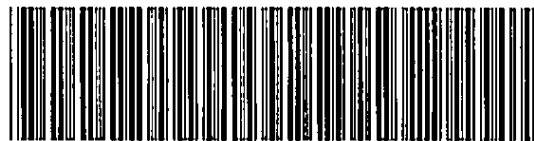
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

AUG - 9 2022

Office Use Only



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05/31/22--01088--013 **25.00

FILED
2022 MAY 31 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trusted property partners 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:

Raed Abugata
(Contact Person)

Trusted property partners LLC
(Firm/Company)

230 E Marks street
(Address)

Orlando FL 32803
(City/State and Zip Code)

For further information concerning this matter, please call:

Raed Abugata at (407) 722-2143
(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2022 MAY 31 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**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 document/registration number assigned to this limited liability company is:
L20000090983

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/2021

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

Manager
(Print Title)

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

[Signature]
Signature of Dissociating 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 10/14th/2021 at 230 E Marks Street Orlando FL 32803.

***Princeton Capital Markets Advisors LLC.**

***Princeton Realty Advisor LLC.**

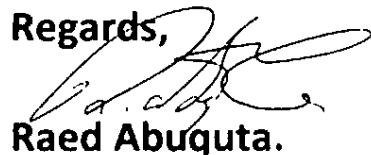
***The Trusted Companies LLC.**

***Princeton Wealth Management Group LLC.**

***Trusted Property Partners LLC.**

I have no responsibility on all the above companies

Regards,



5/18th/2022

Raed Abuquta.