L20000362925

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





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12/08/21--01014--025 **25.00

2021 DEC -6 PM 1:41
SECRETARY OF STATE

DEC 2 1 2021

COVER LETTER

Division of Corporations Chestnut Lender 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: Lance Lester (Contact Person) ITG Management LLC (Firm/Company) 1385 South Wickham Road (Address) West Melbourne, Fl. 32904 (City/State and Zip Code) For further information concerning this matter, please call: at (______) 5144484 (Area Code & Daytime Telephone Number) Lance Lester (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



FILED

2021 DEC -6 PM 1:41

SECRETARY OF STATE 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)

	e limited liability company as it a	opears on the records of the Florida Department
2. The Florida doc L20000362925	cument/registration number assign	ed to this limited liability company is:
more than t	ember/manager withdrew/resigne nd Management LLC / Lance Lester Name of Person Resigning)	d or will withdraw/resign is: 12/1/2021 _, hereby withdraw/resign as a
Manager of the M	Manager of Chestnut Lender LL((Print Title)	
of this limited lia resignation in w	ability company and affirm the lin	nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	