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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954)761-3636
Fax Number : (954)761-1818

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LTF LLC

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TALLAHASSEE, FLORIDA

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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: LTF LLC
2. The Florida document/registration number assigned to this limited liability company is:
121000200601
3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 28, 2021
4. I, Ben Fillichio, 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.

Ben Fillichio
Signature of Dissociating Member or Resigning Manager

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


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**RESIGNATION OF MANAGER AND REGISTERED AGENT OF
LTF, LLC, a Florida limited liability company**

The undersigned Manager and Registered Agent of LTF, LLC, a Florida limited liability company hereby resigns as the Registered Agent and Manager of the Company this effective immediately.


Ben Fillichio, Manager and Registered Agent
Date: 5/28/21

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TALLAHASSEE, FLORIDA

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