

L21000453 345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

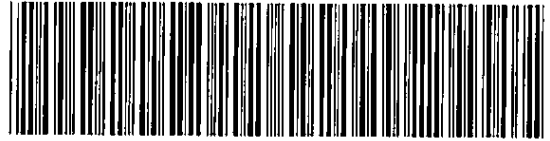
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/23--01008--024 **25.00

5/19/23
V. LRP

FILED
2023 MAR 23 AM 9:00
CLERK OF DISTRICT COURT
HARRISBURG, PA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trusted Funding Group 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:

Tiffany Selnick
(Contact Person)

(Firm/Company)

500 Fairway Dr. Suite 106
(Address)

Boca Raton FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Selnick at (561) 396-6638
(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

**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: Trusted Funding Group LLC

2. The Florida document/registration number assigned to this limited liability company is:

L21000453345

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/17/23

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

Managing Member
(Print Title)

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

Tiffany Selnick
Signature of Dissociating Member or Resigning Manager

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

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 MAR 23 AM 9:00

FILED