

L22000222125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

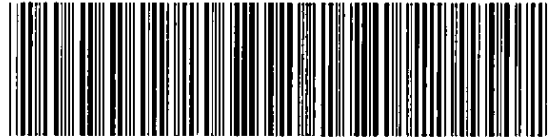
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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09/01/23--01019--005 **55.00

2023 SEP -7 AM 8:26

05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Tier Nutrition Company L.L.C.

(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:

Thomas Culbertson

(Contact Person)

Top Tier Nutrition L.L.C.

(Firm/Company)

245 Wheelhouse Lane Suite 1471

(Address)

Lake Mary FL, 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Culbertson

318 751-1762
at ()

(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:

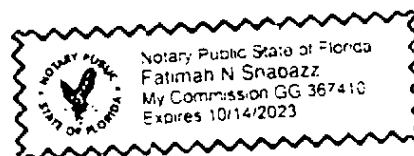
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

State of FL
County of Escambia
On this 28 day of Aug 2023
personally appeared before me by means of
[physical presence or remote online notarization]
TOP TIER NUTRITION COMPANY, LLC
to be known to be the person who executed the
 foregoing instrument, and acknowledged that he
 executed the same as his free act and deed.
NOTARY PUBLIC
SEAL (signed)





2023 SEP - 1 AM 8:26

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: Top Tier Nutrition L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:
L22000222125

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/23

4. I, Thomas Duke, hereby withdraw/resign as a
(Print Name of Person Resigning)
Owner
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

State of FL
County of Osceola
On this 28 day of Aug
personally appeared before me by means of
() physical presence or () remote online notarization
Top Tier Nutrition Company
to me known to be the person who executed the
foregoing instrument, and acknowledged that he
executed the same as his free act and deed.
SEAL (signed) [Signature]
NOTARY PUBLIC

