

L22000436970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

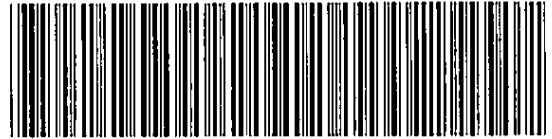
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ACCEPTED

JUN 18 2024

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01/18/24--01020--003 \*\*25.00

FILED  
2024 JUN 18 11:10:20  
CLERK OF COURT  
JULIA A. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Change Agents Talent, 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 Tagle

\_\_\_\_\_  
(Contact Person)

The Change Agents Talent, LLC

\_\_\_\_\_  
(Firm/Company)

1110 S. Moody Avenue

\_\_\_\_\_  
(Address)

Tampa, FL 33629

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Tagle

917 406-1648  
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



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: The Change Agents Talent, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000436970

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/14/24

4. I, FANNI GABOR, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED MEMBER

*(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)

FILED  
2024 JAN 16 2:10:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA