

L220000473196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

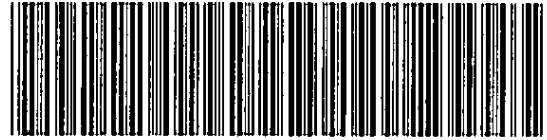
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
FEB 21 2023

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ST. CLAIR COUNTY, IL
FILED
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIZ PERFORMANCE COACH, 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:

MARCIA WALKER

(Contact Person)

(Firm/Company)

261 NORTH UNIVERSITY DRIVE STE. 500

(Address)

PLANTATION, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCIA WALKER

781

421-3102

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



FILED
2022 NOV 22 AM 11:29
SECRETARY OF
TALLAHASSEE

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: BIZ PERFORMANCE COACH, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000473196


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/09/2022

4. I, OLIVIA WRIGHT, 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.

DocuSigned by:


6000101184404E3

Signature of Dissociating Member or Resigning Manager

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