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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

Division of Corporations Fearless Secured Financial SUBJECT: (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: Brandan Towers (Contact Person) Towers-Crosson (Firm/Company) 18 Reservoir Rd (Address) Southwick, MA 01077 (City/State and Zip Code) For further information concerning this matter, please call: Brandan Towers 860 250-7276 (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: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



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)

	le limited liability company a		
	cument/registration number a		
Brandan James	nember/manager withdrew/res		
(Print	Name of Person Resigning) Officer, Member Partner	, nercoy withdraw/	resign as a
of this limited li	(Print Title) ability company and affirm the riting.	ne limited liability compa	any has been notified of my
	2		FIL 2023 DEC 13 SECRE PAR TALL LAHE
Filing Fee:	Dissociating Member or Resigns \$25.00 (Required)	ning Manager	Y OF T
Certified Copy:	\$30.00 (Optional)		STA STA