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R. HUNT 07/17/23

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: 18; m ; + Up = more (Name of Limited Liability Company)	<u>e CC.</u>
The enclosed member, resignation or dissociation and fee(s) are	submitted for filing.
Please return all correspondence concerning this matter to:	
Dustin Crenshaw (Contact Person)	
TRIM IX Up & More LCC. (Pirm/Company)	
125-1 S. Beach St #2091 (Address)	7 PH 2: 2! NSSEE, FL
Daytona Bch F1 32124 (City/State and Zip Code)	29 ATE
For further information concerning this matter, please call:	
(Name of Contact Person) at (S86) (Area Code & D	214 4472 Paytime Telephone Number)
Enclosed please find a check made payable to the Florida Depa \$25 Filing Fee \$55 Filing Fee	rtment of State for: c & Certified Copy
Registration Section Registration of Corporations Div P.O. Box 6327 The	eet Address: gistration Section vision of Corporations c Centre of Tallahassee 5 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	
of State is: TRiM it Op ? More ICC	·
2. The Florida document/registration number assigned to this limited liabili	ty company is:
123000072194	
3. The date this member/manager withdrew/resigned or will withdraw/resig	n is: <u>10-1-23</u>
4. 1. Rorle Copy'n , hereby withdraw/resigning),	gn as a
Manager (Print Title)	
of this limited liability company and affirm the limited liability company resignation in writing.	has been notified of my
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	2f3
Certified Copy: \$30.00 (Optional)	**** *********************************
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