

L230003221210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

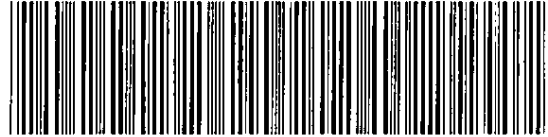
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

BuzzHub, LLC

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:

Tiffany Croft

(Contact Person)

BuzzHub, LLC

(Firm/Company)

608 N Willow Ave. Unit 227

(Address)

Tampa/Florida 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

Tyler Croft

423

255-6847

(Name of Contact Person) at (_____) _____
(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

FILED
23 AUG -3 AM 10:49
DIVISION OF STATE
TALLAHASSEE, FLORIDA

**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
Buzzhub LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L23000322126

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/28/2023
Laura Kiosak

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR

(Print Title)

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

DocuSigned by:

Laura Kiosak

A786F473946D4BA

Signature of Dissociating Member or Resigning Manager

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