

L23000506923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

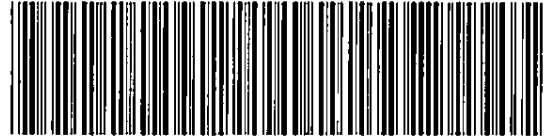
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700424896447

03/08/24--01024--008 \*\*25.00

2024-3-9 AM 6:39  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT  
03/08/24



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: Processing Leads LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.23000506923

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/8/23

4. I, Nelson Sayegh, 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.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Processing Leads 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:

Nelson Sayegh

(Contact Person)

Processing Leads LLC

(Firm/Company)

1200 Brickell Ave Suite 240

(Address)

Miami Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Nelson sayegh

305

8563262

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