

L24000076400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

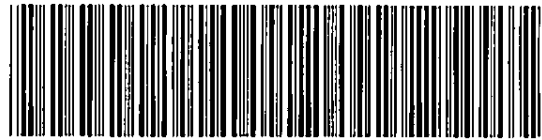
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wmils

Office Use Only



000424624320

02/29/24--01018--021 **25.00

22

18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tele Hive Group 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:

Grace Stoute

(Contact Person)

Tele Hive Group LLC

(Firm/Company)

1691 Forum Pl Suite B

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Grace Stoute

561 541-7894
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



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: Tele Hive Group LLC
2. The Florida document/registration number assigned to this limited liability company is: L24000076400
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2- 2024
4. I, Albert S Stoute, hereby withdraw/resign as a
(Print Name of Person Resigning)
CS
(Print Title)

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

Albert S Stoute

Signature of Dissociating Member or Resigning Manager

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