

MO6000001934

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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000438283420

LLC withdrawal

FILED

2024 OCT 22 AM 10:21

NOTARY PUBLIC
JANET ROBERTSON

RECEIVED

2024 OCT 22 PM 2:44

A. RAMSEY

OCT 23 2024

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 10/22/2024
Acc#120160000072

en: c DW

Name:	Trustsolutions, LLC
Document #:	
Order #:	15901664

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
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Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trustsolutions, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jami Meister

(Name of Person)

Elevance Health, inc.

(Firm/Company)

220 Virginia Avenue

(Address)

Indianapolis, Indiana 46204

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ()

(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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2024 OCT 22 AM 10: 21

SE. DEPT. OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Trustsolutions, LLC

(Name of limited liability company)

Wisconsin

(Jurisdiction of its organization)

04/04/2006

(Date registered with Florida Department of State)

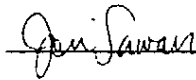
M06000001934

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Jori Sawan

(Typed or printed name of signee)

Filing Fee: \$25.00