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10. JAN 19 PH 1:

SECRETARY OF STATE OF STATE OF COSPORATION

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TUSIGHT CAPITAL MANAGEMENT, LLC F/K/A BONDS COM WEALTH MANAGEMENT, 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:
(Name of Person)
TNSIGHT CAPITAL MONTI LLC. C/O BONDS. COM, TUC.
1515 S. FEDERAL HWY, #212 (Address)
BOCA PATOLI, FL 33437 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (501) 953-5356 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\bigcup \\$30 Filing Fee & \bigcup \\$55 Filing Fee & \bigcup \\$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

NAISIGHT (APITAL MAN AGEMENT, LLC F/K/A BONDS, COM WEALTH MGMT, (Name of limited liability company)	LL
DELAWALE (Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.	
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.	
1515 S. FEDERAL Hay, #217 (Mailing address)	
BOLA PATON, FL 3343Z (City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of member or authorized representative of a member)	
(Typed or printed name of signee)	
	0

Filing Fee: \$25.00

SECRETARY OF CAPITALINATION

10 JAN 19 PH 1: LA