M22000018007

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ection 605.0115, Florida Statutes, the undersigne	ed,
Capitol Corp	porate Services, Inc. here	by resigns as
Name o	f Registered Agent	
Registered Agent for	TRUEDGE MANAGEMEN	T, LLC
	Name of the Limited Liability Compa	any
M2200001		2024 \$55 TALL
Document Number, if	known	
	mailed to the above listed limited liability comp	<i>√</i>
The agency is terminated and the	he office discontinued on the 31st day after the o	date on which this statement is filed
	Stephature of Resigning Agent	- 57
If signing on behalf of an entity	r	
	Yvette Cleveland	
	Typed or Printed Name	
	Assistant Secretary	
	Capacity	

FILING FEES: \$85.00 Active

\$ 25.00

Active limited liability company Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS17 (2/14)

