L15 CCC 119865

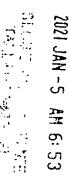
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special mediations to 1 ming smooth				

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COVER LETTER

SUBJECT: Adler Trading Company LLC	
	Company
DOCUMENT NUMBER: L15000119860	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to t	ne following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	•
101 North Brand Blvd. 11th Floor	
Address	-
Glendale, CA 91203	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Name of Person at (Area Code	773-0888
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limite

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115. Florida Statutes, the unde	rsigned.	*1 * ;	202	
United States Corp	poration Agents, Inc.	, hereby resigns as	: <u>1</u>	2021 JAN	•
	Name of Registered Agent		e f Bys	7	••
Registered Agent for Adle	Adler Trading Company LLC		٠.	ப்	,,,,
			<i>-</i> 3	- F	
	Name of Limited Liability Company		r sign	5-51	
L15000119860			`		
Document S	Rumber, if known				
A copy of this resignat	ion was mailed to the above listed limited liability	company at its last kr	nown addr	ess.	
The agency is terminat	ed and the office discontinued on the 31st day afte	r the date on which th	nis stateme	nt is fil	ed.
If signing on behalf of	an entity:				
	Cheyenne Moseley				
	Typed or Printed Name	 			
	Asst. Secretary for United States Corporation Ag	gents, Inc.			
	Capacity				

FILING FEES:

\$ 85.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25.00

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