

L17000206960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

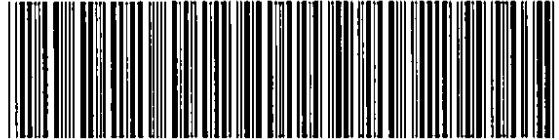
(Business Entity Name)

(Document Number)

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2020 MAY 11 AM 10:28  
SECRETARY OF STATE  
MILLANASSEE, ILL.

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AM  
6/11/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALBALDAWI TRADING LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000206960

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BASHAR ALBALDAWI  
Name of Person

ALBALDAWI TRADING LLC  
Name of Firm/Company

7208 W SAND LAKE RD, SUITE 305  
Address

ORLANDO, FL 32819  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAYEF MUBARAK at ( 407 ) 502-3000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NAYEF MUBARAK

, hereby resigns as

Name of Registered Agent

Registered Agent for ALBALDAWI TRADING LLC

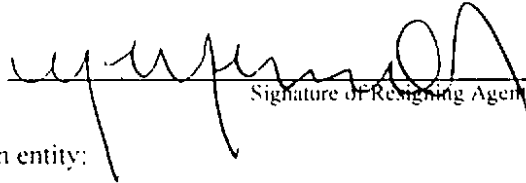
Name of Limited Liability Company

L17000206960

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

2020 MAY 11 AM 10:28

FILED

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 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