L0400081714

(Requestor's Name)						
(Add	dress)					
(Address)						
(City/State/Zip/Phone #)						
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PICK-UP	WAIT	MAIL				
(Bus	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer					
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TRANSMITTAL LETTER

SUBJECT: G7 FOREX TRADING LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L0400081714	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.	tted
Please return all correspondence concerning this matter to the following:	
JACK CHUA (Name of Person)	
3 TEMASEK BLVD. # 01-023/025	
SUNTEC CITY MALL (Address)	05 TAN
SINGAPORE 038983 SINGAPORE (City/State and Zip Code)	FILED PA
For further information concerning this matter, please call:	AFO PE
TACK CHUA at (+65) 6338-000 (Area Code & Daytime Telephone Number)	1:07

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street Tallahassee, FL 32399

INHS17(11/02)

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2	2) or 608.509, Flori	ida Statutes, the undersigned,	
	- G - BROW Name of Registered Agen		, hereby resigns as	
Registered Agent for		EXTRAD	ING, LLC	
	(Name of Limi	ited Liability Company	·/)	
LO40000 (Document Number				
A copy of this resignation	was mailed to the ab	ove listed limited l	liability company at its last kn	own address.
The agency is terminated	Makes	tinued on the 31st of	day after the date on which thi	is statement is filed.
If signing on behalf of an	entity:			
-	(Ту	vped or Printed Name)		05 Of
-		(Capacity)		1335 2435 34 40 AE 7235 34 40 10 130 50
	FILING F \$ 85.00 \$ 25.00	EES: Active limited lial Administratively withdrawn limite	bility company dissolved/voluntarily dissolv d liability company	FI (A)

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