

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200263331442

09/29/14--01006--024 **25.00

Rose prop oct 7 2014

R. WHITE

14 Sept29 FM IZ:

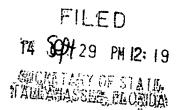
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Susan Atward (Contact Person)
(Firm/Company)
510 Beverly Street
talahassee FL 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (850) 766-4867 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079.(2/14)

Tallahassee, Florida 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limit	ted liability company as it appears on the records of the Florida Department
of State is: Lin.	ear Intraday Trading LLC.
2. The Florida documen	t/registration number assigned to this limited liability company is:
L0600	0032353
3. The date this member	manager withdrew/resigned or will withdraw/resign is: 9-1-14
4. I, <u>Susan</u>	Atwood, hereby withdraw/resign as a f Person Resigning)
MCRY (Print	Y\ Title)
of this limited liability resignation in writing.	company and affirm the limited liability company has been notified of my
Joan	Hwood
Signature of Dissoci	ating Member or Resigning Manager
. —	25.00 (Rèquired)
Certified Copy: \$3	30.00 (Optional)