## L08000037588

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
•	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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08 SEP 15 PH 12: 03
SECRETARY OF STATE

#### **COVER LETTER**

Division of Corporations	
SUBJECT: VISION RADERS AND (Name of Limited Liability Compa	ny)
The enclosed member, managing member or manager resignating.	tion and fee(s) are submitted for
Please return all correspondence concerning this matter to:	•
Contact Person)	· .
Visien Traders LLC (Firm/Company)	
10640 Griffin Rd. S4105'	
Cooper City Fh. 33328 (City/State and Zip Code)	·
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) (Area Code & 1	183 –9280 Daytime Telephone Number)
	artment of State for: Filing Fee & Certified Copy
Registration Section Registration of Corporations Division Building P.6	egistration Section vision of Corporations O. Box 6327

CR2E079 (5/06)

Tallahassee, Florida 32301



# OB SEP 15 PH 12: 03 SECRETARY OF STATE TALLAHASSEE FLORIDA

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Vision TRAdeas Lh
2. This limited liability company was organized under the laws of:
- Florida
3. The Florida document/registration number of this limited liability company is:
L0800037588
41 Antonio Hexander hereby resign as a Managina Monthal
4. I, Antonio Hexander, hereby resign as a Managing Member (Print Name of Person Resigning), hereby resign as a Managing Member
of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.
the same of the sa
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)

\$25.00 (Required) \$30.00 (Optional)