L08000004473/

(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:							
A. LUNT							
JUN 0 6 2008							
EXAMINER							
- 							

Office Use Only



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2000 JUN -5 P 12: 43
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT:	LDC Tradi	ng LLC nited Liability Company)					
SCHEET.	(Name of Lim	nited Liability Company)					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return-all correspo	ondence concerning this matter	to the following:					
	JAI	ME M GARCIA	2R				
į		(Name of Person)					
	SEC 2008						
(Firm/Company) SECONO IS 9 Place ARR JARRY SECONO (Address)							
		(Address)	-5 SSE				
	Mic	mi, Pl 3319	JUN -5 P 12: CRETARY OF STA AHASSEE, FLOR				
		(City/State and Zip Code)	P: 43				
For further information e	oncerning this matter, please c	; all:	₩ ω				
_	E: GARCÍA of Person)	at (786) 208-0	O2O				
(Name o	of Person)	(Area Code & Daytime	Felephone Number)				
•							
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		· ·					
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section					

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

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

The principal information comes that the meaning frame to h



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 lin		bility company as it a		s of th	ne Flor	ida Dej	partment
2. This limited liability		any was organized un			SECRETARY TALLAHASSE	7008 JUN -5	
3. The Florida docum	ent/regi. } 000	stration number of the	s limited liability con	mpany	OF STATE	P 12: 43	0
4. I,		CABAL on Resigning)	_, hereby resign as a		MA:	NAG t Title)	ER
	ity comp	pany and affirm the li	mited liability compa	iny ha		•	d of my
Signature of Resign	ing Mer	nber, Managing Men	ber or Manager				
Filing Fee: Certified Copy:		•					