# L0900070743

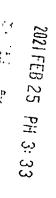
(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busin	iess Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	<del></del>			

Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2021

JACOBUS HOPMAN 21747 FALL RIVER DR BOCA RATON, FL 33438

SUBJECT: GUIDETRADE LLC Ref. Number: L09000070743

We have received your document for GUIDETRADE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation documentmust be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 921A00001843

Octavia L Simmons
Regulatory Specialist II Supervisor

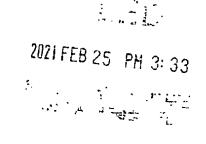
www.sunbiz.org

#### **COVER LETTER**

TO:	_	stration Section ion of Corporations			•
	DIVIS	ion of Corporations			
SUBJ	ECT:	GUIDETRADE, LLC			
		(Name of I	imited Lia	bility Co	inpany)
The ei	nclosed	l member, resignation or diss	ociation a	ind fee(	s) are submitted for filing.
Please	return	all correspondence concerni	ng this m	atter to:	
JACOI	BUS HO	PMAN			
	· <u>-</u>	(Contact Person)	_		_
	•	(Firm/Company)			_
21747	FALL F	RIVER DR			
		(Address)			_
BOCA	RATO	N. FL 33438			
		(City/State and Zip Code)			_
For fu	rther in	nformation concerning this m	atter, plea	ise call:	
JACOI	BUS HC	PMAN	5€ at (	il	213-4002
	(N	ame of Contact Person)	(Aı	rea Code	& Daytime Telephone Number)
Enclos	sed ple	ase find a check made payab	le to the F	lorida I	Department of State for:
	5 Filing				g Fee & Certified Copy
		ng Address:			Street Address:
	Registration Section Division of Corporations		Registration Section Division of Corporations		
		Box 6327			The Centre of Tallahassee
		hassee, FL 32314			2415 N. Monroe Street, Suite 810
					Tallahassee, FL 32303

CR2E079 (2/14)





### 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)

	e limited liability company as it appears on the records of the Florida Department DETRADE, LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
ERIK LEENDE	ember/manager withdrew/resigned or will withdraw/resign is:  O1/01/2020  ORS  hereby withdraw/resign as a  Name of Person Resigning)
(Frint) MGRM	Name of Person Resigning)
of this limited lia	(Print Title)  ability company and affirm the limited liability company has been notified of my
resignation in w	riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)