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D. SCOTT

### **COVER LETTER**

**DL Trading LLC** SUBJECT: Name of Limited Liability Company L09000077807 **DOCUMENT NUMBER:** The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan Delgado Name of Person Name of Firm/Company 9813 SW 133rd Place Address Miami, FL 33186 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan Delgado 305 7942505 Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

#### STREET ADDRESS:

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

TO:

Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 605.0115	, Florida Statutes, the u	indersigned,		
Juan Delgado	, hereby resigns as				
Na	me of Registered Agent		,,		
Registered Agent for	rading LLC				
Registered Agent for	<del></del>				<del></del>
	Name of Limi	ted Liability Company			<del></del> '
L09000077807					
Document Number	r, if known	_ <del></del>			
A copy of this resignation v	vas mailed to the al	bove listed limited liabi	lity company at its las	st known addr	ess.
The agency is terminated an	nd the office discon	ntinued on the 31st day states and states and states are states as a state of Resigning Ago		h this stateme	nt is filed.
If signing on behalf of an er	ntity:				
				27.1	
	Ту	ped or Printed Name		zin nec	<u> </u>
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	FILING I \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively dissorber withdrawn limited liability	y company olved/ voluntarily dis ability company	ج ک ssolved/	

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