L09000105348

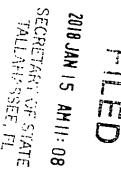
	-
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	/ \
	(Business Entity Name)
'	(Dusiness Linky Name)
,	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filma Officer
Opecial matructions	to riming Officer.

Office Use Only



300339286533

01/16/20--01002--001 **85.00



- SIMMONS JAN 1 6 2020

COVER LETTER

TO: Registration Section Division of Corporations

TRADEX GLOBAL, LLC SUBJECT:	
Name of Limited Liabi	hty Company
DOCUMENT NUMBER: 1.09000105368	
The enclosed Resignation of Registered Agent for a Lim for filing.	ted Liability Company and fee are submitted
Please return all correspondence concerning this matter to	o the following:
Neil B Mooney	
Name of Person	
Mooney Law Firm, LLC	
Name of Firm/Company	
2717 Neuchatel Drive	
Address	-
Tallahassee, Ft. 32303	
City/State and Zip Code	
E-mail address (to be used for future annual report notification	·)
For further information concerning this matter, please cal	l:
Neil Mooney 850 at (893 - 0670)
Name of Person Area Co	de Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	is of section 605,0115. Florida Statutes, the undersigned,
Neil B. Mooney, Esq.	
• .	Name of Registered Agent
Registered Agent for TR	ADEX GLOBAL, LLC
	Name of Limited Liability Company
1.09000105368	
Document Nu	nber, if known
	and the office discontinued on the 31st day after the date on which this tatement is filed. Signature of Resigning Agent Franchise Company at its last kingwarded as a signature of Resigning Agent. Franchise Company at its last kingwarded as a signature of Resigning Agent. Franchise Company at its last kingwarded as a signature of Resigning Agent. Franchise Company at its last kingwarded as a signature of Resigning Agent. Franchise Company at its last kingwarded as a signature of Resigning Agent.
lf signing on behalf of ar	entity: FAT 08
	Neil B Mooney
	Typed or Printed Name
	Attorney at Law
	Capacity

\$ 85.00 Active limited hability company
\$ 25.00 Administratively dissolved voluntarily dissolved/
withdrawn limited liability company

FILING FEES:

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

* • V. .