## L110000047560

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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NOV 21 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CONTINENTAL (Name of Limited	TRA-DERS LLC d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
(Contact Person)	5 <u>0</u>
(Firm/Company)	
4403 SOUTHBREE	EZE DR
TAMPA FL-3362 (City/State and Zip Code)	<u>. L4</u>
For further information concerning this matter,	please call:
MA-RY MA-SO a (Name of Contact Person)	(486) 260 - 3245 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for:  \$\frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

1. The name of the limited liability company as it appears on the recor	ds of the Florida Department
of State is: CONTINENTAL TRADERS	LIC .
2. The Florida document/registration number assigned to this limited l	iability company is:
L11000044560	
3. The date this member/manager withdrew/resigned or will withdraw.	/resign is: <u>10/23/201</u> 9
4. 1. MONICA CATALUNA - SHIAND, hereby withdraw (Print Name of Person Resigning)	//resign as a
MANAC-ER (Print Title)	
of this limited liability company and affirm the limited liability compresignation in writing.	pany has been notified of my
-1. A. 1	3 7 E E E E E E E E E E E E E E E E E E
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	<b>5</b>
Certified Copy: \$30.00 (Optional)	