L11000128130

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emily Hame)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

_	stration Section			
Divi	sion of Corporations			
SUBJECT:	SOLUNET TRADING LOGISTICS & SERVICES LLC (Name of Limited Liability Company)			
The enclosed	d member, resignation or dis	sociation and fee(s	s) are submitted for filing.	
Please return	n all correspondence concern	ing this matter to:		
CARLOS PEI	DROZA			
	(Contact Person)		_	
SOLUNET TF	RADING LOGISTICS & SERVIC	ES LLC		
	(Firm/Company)		-	
1649 SALERN	NO CIR			
	(Address)		-	
WESTON 333	327			
	(City/State and Zip Code)		_	
For further i	nformation concerning this n	natter, please call:		
CARLOS PEL	DROZA	+1 954 at (326 2954 _)	
4)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed plo	ease find a check made payal g Fee		Department of State for: 3 Fee & Certified Copy	
	ng Address:		Street Address:	
	stration Section sion of Corporations		Registration Section Division of Corporations	
	Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 records of the Florida Department	
of State is: SOLU	NET TRADING LOGISTICS & SE	RVICES LLC	
2. The Florida docu L11000128130	.ment/registration number assi	gned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is: 12-31-2021	
4. I, GLENDY PENA WEFFER (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
MGR			
-	(Print Title)		
resignation in wr	iling.	imited liability company has been notified of my	
Signature of Di	ssociating Member or Resignii	ng Manager	
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		