L12000 108534

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200252715352

10/28/13--01019--019 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trading Relail (Name of Limited Liability C	Company)
The enclosed member, managing member or manager resfiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter to	0:
Andrea Mayorca	<i>)</i>
Trading Retail LL	
(Firm/Company)	7 261 /
500 Brickell Ave St	2309
(Address) Hiani to 33131 (City/State and Zip Code)	<u></u>
For further information concerning this matter, please ca	5,8124910
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	a Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company as it as trading Refai		f the Florida Department
	lity company was organized und	der the laws of: 	
<u> </u>	ment/registration number of this		
4. I, Andrea (Print No.	C Mayorca	_, hereby resign as a	MG PM (Print Title)
of this limited liab resignation in Wrh	oility company and affirm the lir	nited liability company	has been notified of my
Signature of Resignature	gning Member, Managing Mem	ber or Manager	9 007 28 LLANALE
Filing Fee: Certified Copy:	\$25.00 (Required)		FH 12:1