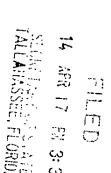
(Requestor's Name) (Address) (Address)	500258983265	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	04/17/1401014003 **25.0)0
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	APR 23 2014 R. WHITE	

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	DOT TRADE, LLC		
	(Name of Limite	d Liability Con	npany)
The e	nclosed member, resignation or dissociation	ion and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning th	is matter to:	
Eric	Hanson		
	(Contact Person)		-
Worl	dwide Enterprises & Services, LLC		
	(Firm/Company)		-
5375	5 N.W. 159th Street, #4713		
	(Address)		_
Mian	ni Lakes, FL 33014		
	(City/State and Zip Code)		_
For fi	urther information concerning this matter,	, please call:	
Eric	Hanson	786 at (306-9501
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable to 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
	stration Section ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
2661	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



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)

DO	limited liability company as	it appears on the records of the Florida Department
2. The Florida doc L1200011206	_	signed to this limited liability company is:
Mario Martin	Arrieta Moreira	igned or will withdraw/resign is:
4. I,(Print N Manager (MC		, hereby withdraw/resign as a
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	SEE, FLORIDE