

L13000059326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 APR -3 PM 3:39

C.L.  
4-20-15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LD Trading Plus  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Didier Loser  
(Name of Person)  
~~THE~~ LD TRADING PLUS  
(Firm/Company)  
3489 Gulfstream Way  
(Address)  
Davie, FLORIDA 33328  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAUVEUR LICHAN at (954) 303-7626  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

LD Trading Plus LLC

2. The Articles of Organization were filed on 23-04-2013 and assigned

document number L13000059326

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)


4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

We were expecting doing greater  
business that didn't happen.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Didier Loser  
3489 Gulfstream Way  
Davie, FL 33328

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Didier Loser  
Printed Name

FILING FEE: \$25.00