## 114000102137

(Red	questor's Name)	
(Add	fress)	
(Add	dress)	<del> </del>
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	
		l

---- - Office Use Only



100267864661

100267864661 01/08/15--01018--007 \*\*55.00

PILLED

2015 JAN -8 AM 9: 08

SECRETARY OF STATE

AND AN ASSET OF STATE

Blomba CC 10,00.15

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Rambal Trading LLC		
(Name of Limite	d Liability Co	mpany)
The enclosed member, resignation or dissociat	ion and fee(	s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Mariangel Caicoya		
(Contact Person)		_
Rambai Trading LLC		
(Firm/Company)		<del>-</del>
895 NW 135 Terrace		
(Address)		_
Pembroke Pines, FL 33028		
(City/State and Zip Code)		<del></del>
For further information concerning this matter,	, please call:	
Mariangel Calcoya	305	5255362
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to a  \$25 Filing Fee  \$35 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc L1400010213	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. l, Nazzareno E	
AP	
<del></del>	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member of Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)