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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : JP GLOBAL BUSINESS
Account Number : I20130000083
Phone : (305)359-3700
Fax Number : (786)217-1243

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: MASTER@JPGBUSINESS.COM

**REGISTERED AGENT RESIGNATION
PEACOCK TRADING, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEACOCK TRADING, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000147233

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC

Name of Firm/Company

1395 BRICKELL AVE STE 1380

Address

MIAMI, FL 33131

City/State and Zip Code

MASTER@JIGBUSINESS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SONIA BOTERO

Name of Person

at (305)

359 3700

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

JP GLOBAL BUSINESS SOLUTIONS INC. , hereby resigns as

Name of Registered Agent

Registered Agent for PEACOCK TRADING, LLC

Name of Limited Liability Company

L14000147233

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 24 AM 10:39

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314