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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MIAMI DLG TRADING LLC (Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for fil	ing.
Please return all correspondence concerning this matter to:	
Rodrigo Duorte (Contact Person)	
Miami DLG TRHDING LLL (Firm/Company)	
1098 SW 137 Place (Address)	
Miami FL, 33184 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Rudingo Duarte at (308) 559-97  (Name of Contact Person) (Area Code & Daytime Telephone	23
(Name of Contact Person) (Area Code & Daytime Telephone	Number)
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee & Certified Copy	r: y
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	ions

Tallahassee, Florida 32301

CR2E079 (2/14)

SECRETARY OF STATE DIVISION OF CORPORATIONS

15 MAR 10 PH 4: 34



## 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: N	HAMI DEG TRADING CLE
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L150000	231414
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Nach 5, 2015
	Nugación, hereby withdraw/resign as a lame of Person Resigning)
Authorize	d Representative
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ment	Le He Number
	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)