

L15000043339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

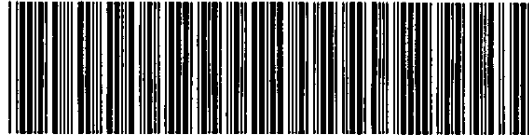
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2015

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trading Export Logistics LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MONIQUE TRONCONE CPA

(Contact Person)

MONIQUE TRONCONE CPA PA

(Firm/Company)

55 NE 5TH AVENUE SUITE 501

(Address)

BOCA RATON, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

MONIQUE TRONCONE CPA

(Name of Contact Person)

at 561 417-0308  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



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: TRADING EXPORT LOGISTICS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000043339

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 1st, 20

4. I, Max Villalba, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

**FILED**  
2015 OCT 19 A 10:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA