L15000171934

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
. (B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Statu	JS		
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations		
FLYTRADE, LLC		
SUBJECT: (Name of	Limited Liability Con	npany)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to:	
Manuel Montenegro		
(Contact Person)		_
Flytrade, LLC		
. (Firm/Company)		_
1454 NW 113TH WAY		
(Address)	t.	_
PEMBROKE PINES, FL 33026		
(City/State and Zip Code)		_
For further information concerning this n	natter, please call:	
Natalia Pazos	305 at (934-5111
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		Department of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations 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)

FLY	limited liability company as TRADE, LLC	it appears on the records of the F	Torida D	epartm	ent
2. The Florida docu L1500017193	-	ssigned to this limited liability co	mpany is 08/18/2		
FELIX GUEF	RREBO				_
(Print N MANAGER	ame of Person Resigning)	, hereby withdraw/resign as	7 97	54:8	
		e limited liability company has be	een notif	ied of i	my
Signature of Di	ssociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				