## 15000 PB 245

(1	Requestor's Name)
(,	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
(	Document Number)
Certified Copies	Certificates of Status
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## **COVER LETTER**

_	stration Section sion of Corporations	
SUBJECT:	Trend RE LLC	
	(Name of Limited Liab	bility Company)
The enclosed	d member, resignation or dissociation as	and fee(s) are submitted for filing.
Please return	all correspondence concerning this ma	atter to:
J Blank		
	(Contact Person)	<del></del>
Trend RE L	LC	
	(Firm/Company)	
6583 Gates	way Ave.	
	(Address)	<del></del>
Sarasota F	134231	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, plea	ase call:
Joshua Bia	ink 94	41 928-3449
(N	ame of Contact Person) (Ar	rea Code & Daytime Telephone Number)
Englosed ple ☑ \$25 Filing	ease find a check made payable to the Fl g Fee	Torida Department of State for: 55 Filing Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 and RE LLC
2. The Florida docu L1500019824	ament/registration number assigned to this limited liability company is:
Heather Rian	mber/manager withdrew/resigned or will withdraw/resign is:    1-1-2018
Member	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)