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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: SOUTH EAST INVESTMENT & TRADING 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:				
JACOB SHNURMAN (Contact Person)				
(Firm/Company)				
8503 BROOK RIDGE DRIVE (Address)				
JOHNSTON TOWA 50131 · 4709 (City/State and Zip Code)				
For further information concerning this matter, please call:				
JACOB SHNURMAN at (876) 556-4554  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\$25\$ Filing Fee} \sum_{\$55\$ Filing Fee & Certified Copy}  \$\sum_{\$2559}\$				
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				

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)

1. The name of the	limited liability company as it	appears on the records of the Flo	orida Department
of State is: 5	UTH EAST INVESTME	ENTS & TRADING	LLC.
2. The Florida docu	ment/registration number assig	gned to this limited liability com	pany is:
L16000	0 43282	<u>_</u> .	
3. The date this me	mber/manager withdrew/resign	ned o <del>r will withdraw/resign</del> is:	LUNE 1,2016
	SHNURMAN  ame of Person Resigning)	, hereby withdraw/resign as a	
	ANAGER (Print Title)		17
of this limited liab resignation in wri	oility company and affirm the liting.	imited liability company has bee	en notified af my
	Shournan ssociating Member or Resignin	ng Manager	-3 PH 4: 30
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		in Co.