

L16000057039

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(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MW TRADING GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000057039

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PURUNCAJAS, JOHANN

Name of Person

ATLANTIKOS FINANCIAL GROUP LLC

Name of Firm/Company

4725 W SAND LAKE RD SUITE 200

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@ATLANTIKOSGROUP.COM

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

PURUNCAJAS, JOHANN

Name of Person

at ( 407 ) 259 2626

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ATLANTIKOS FINANCIAL GROUP LLC

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for \_\_\_\_\_

MW TRADING GROUP LLC

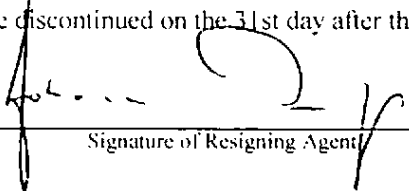
\_\_\_\_\_  
Name of Limited Liability Company

L16000057039

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314