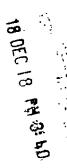
116000119548

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12/18/18

NAME:

TACC TRADING LLC

TYPE OF FILING: RESIGNATION

COST:

85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company L 16000110548
DOCUMENT NUMBER: L16000119548
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:
Daniel Steigert
Name of Person
IBCF, Inc.
Name of Firm/Company
101 Main Street, Suite One
Address
Tappan, NY 10983
City/State and Zip Code
dsteigert@ibcf.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Steigert 945 3980900
Name of Person at (845) 3980900 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5. Florida Statutes, the undersigned,
NRAI Services, Inc.	
Name of Registered Agen	, hereby resigns as
Registered Agent for TACC Trading LLC	
Name of Limi	ited Liability Company
L16000119548	
Document Number, if known	
The agency is terminated and the office discor	ntimued on the 31st day after the date on which this statement is filed. Signature of Resigning Agent
If signing on behalf of an entity;	
Daniel Steigert	
	yped or Printed Name
Authorized Perso	חכ
	Capacity 2018
FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)