

# L16000120536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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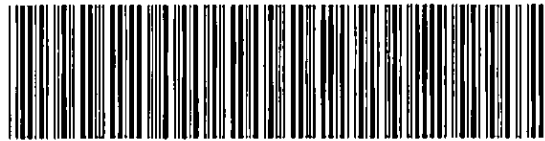
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**DATE: 12/18/18**

**NAME: BAROUD TRADING LLC**

**TYPE OF FILING: RESIGNATION**

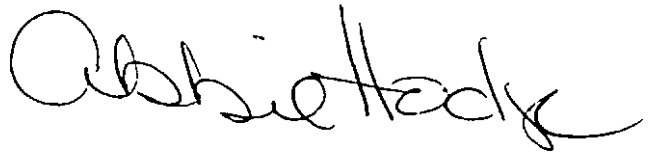
**COST: 85.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "Abbie Hodge", is written over the authorization text.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Baroud Trading LLC

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

**DOCUMENT NUMBER:** L16000120536

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

at (

845

3980900

\_\_\_\_\_  
Name of Person

)  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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, Florida Statutes, the undersigned,

NRAI Services, Inc.

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

, hereby resigns as

Registered Agent for Baroud Trading LLC

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

L16000120536

\_\_\_\_\_  
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 31st day after the date on which this statement is filed.

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

If signing on behalf of an entity:

Daniel Steigert

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

Authorized Person

\_\_\_\_\_  
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**