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(Red	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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K. SALY AUG - 9 2017

COVER LETTER

CR2E079 (2/14)

то:	Registration Section Division of Corporations			
SUBJI	ECT: THE TRENDY FINDS LLC			
	(Name of Limited Liability Company)			
The er	nclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to:			
BERN	NARDETTE GARCIA DE ALBA GRAUE			
	(Contact Person)	-		
EB C	ONSULTING LLC			
	(Firm/Company)	-		
2101	BRICKELL AV ST 1106	_		
	(Address)			
MIAN	11, FL 33129			
	(City/State and Zip Code)	_		
For fu	rther information concerning this matter, please call:			
BERI	NARDETTE GARCIA DE ALBA G 305	7817298		
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
	sed please find a check made payable to the Florida D 5 Filing Fee	Pepartment of State for: Fee & Certified Copy		
Regist Divisi Cliftor 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle tassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314		





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	s it appears on the records of the Florida Department
	ument/registration number a	essigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I. EB CONSULTING LLC (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print N AMBR	'ame of Person Resigning)	
		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required) \$30.00 (Optional)	