

217000046108

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TALLAHASSEE, FLORIDA

2/15/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSH TRADE LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000046108

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:

ALEX D. SIRUNIK

Name of Person

ALEX D. SIRULNIK, P.A.

Name of Firm/Company

2199 PONCE DE LEON BLVD., SUITE 301

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADS@SIRULNIKLAW.COM

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

For further information concerning this matter, please call:

ALEX D. SIRULNIK

at (305) 443-7211

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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TALLAHASSEE, FL

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

ALEX D. SIRULNIK, P.A. _____, hereby resigns as
Name of Registered Agent

Registered Agent for CSH TRADE LLC _____
Name of Limited Liability Company

L17000046108 _____
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:

ALEX D. SIRULNIK _____
Typed or Printed Name
PRESIDENT _____
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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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