## 117000091107

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

Office Use Only



500298672695

05/08/17--01002--020 \*\*50.00

7 MAY -8 PM 1: ECRETARY OF STA

**S Warren** MAY 1 0 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
TRALS TIMBER LLC SUBJECT:	
(Name of Limited Liability	y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to:
ZEIDY H CASTANEDA	
(Contact Person)	
TRALS TIMBER LLC	
(Firm/Company)	<del></del> -
525 SE 1ST AVE	
(Address)	
SOUTH BAY, FL 33493	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
ZEIDY H CASTANEDA 863	513-0907
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring \$25 Filing Fee \$55 F	ida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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
2. The Florida doct L1700009610	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
MALIBICIO	PACTANIEDA ID	, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	•
P	MBR	
	(Print Title)	
of this limited lia resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	TALL.

CR2E079 (2/14)