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(Re	equestor's Name)			
(Address)				
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SECRETARY OF STATE

K. SALY DEC 11 2017

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: TRONCHO LLC	
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Yuval Zalka	
(Contact Person)	
TRONCHO LLC	
(Firm/Company)	
19520 Ne 19th Ct	
(Address)	
North Miami Beach, FL 33179	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Yuval Zalka	at (954) 393-2503
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ✓ \$25 Filing Fee	•
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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)

1. The name of the	limited liability company as	s it appears on the records of the Flo	rida Department
of State is:	TRONCHO LLC		** ;
2. The Florida doc	ument/registration number as	ssigned to this limited liability comp	oany is:
L17000121816		·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 08	3/10/2017
4. I, Shahar Goldboim (Print Name of Person Resigning)		, hereby withdraw/resign as a	,
MGR	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has been	n notified of my
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		