

**L17000 153649**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

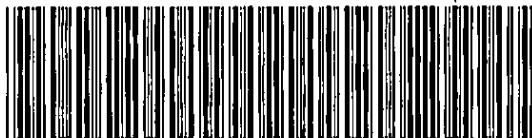
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2021 FEB 18 PM 2:30

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APR 06 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri State Trading, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L17000153649

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:

Robert Riola  
Name of Person

Tri State Trading LLC C/O Vega Management Advisors LLC  
Name of Firm/Company

11560 SW 70th Ct.  
Address

Ocala, FL 34476  
City/State and Zip Code

bob@vegamanagementadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Riola at ( 917 ) 690-8521  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

2021 FEB 18 PM 2:30

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

Wealth Management Associates, LLC

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

, hereby resigns as

Registered Agent for Tri-State Trading, LLC

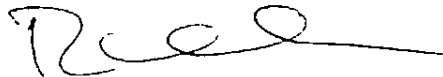
\_\_\_\_\_  
Name of Limited Liability Company

L17000153649

\_\_\_\_\_  
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:

Richard A. Perea, ChFC

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

Manager

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