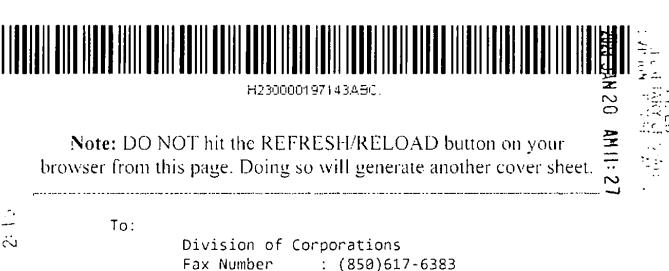
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000197143)))



From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number: I20020000100

: (305)944-9755

Fax Number : (888)401-1914

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:_		 	 		
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LLC REGISTERED AGENT RESIGNATION

TEXALTRADING LLC

Certificate of Status	0
Certified Copy	0

JAN 23 7023 A. LUNT

Page Count		01	
Estimated Charge		\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
DOCUMENT NUMBER: L17000186468
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:
FERNANDO SILVA
Name of Person
SILVAS FINANCIAL SERVICES LLC
Name of Firm/Company
5220 S UNIVERSITY DR STE 102
Address
DAVIE FL 33328
City/State and Zip Code
ACCOUNTING2@SILVASBOX.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INH\$17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115. Florida Stati	ites, the undersigned,	623
SILVAS FINANCIAL	SERVICES, LLC	, hereby resigns as	JAN 20
	Name of Registered Agent	, 1000 , 100 , 100	121
Registered Agent for	TEXAL TRADING LLC		
	Name of Linned Liability Cor	npany	AH 11: 2
L17000186468			
Document	Number, if known		
	n market and the second	tited liability company at its last known ac 31st day after the date on which this states wigning Agent	
If signing on behalf of	'an entity:		
	FERNANDÓ SILVA		
	Typed or Pointed N.	ame	
	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. Boy 6327 Tallahassee, FL 32314