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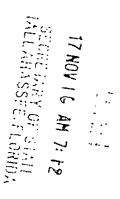
(Requestor's Name)			
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COVER LETTER

TO:	Registration Section Division of Corporations	·			
SUBJ	TREXUS CONSULTING LLC				
	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to:			
RAFA	AELA CUBEZIN				
	(Contact Person)		-		
RTM	INTERNATIONAL LLC				
	(Firm/Company)		_		
14 E	WASHINGTON ST 2ND FLOOR				
	(Address)		•		
ORLA	ANDO, FL 32801				
	(City/State and Zip Code)		_		
For fu	rther information concerning this matte	r, please call:			
RAFA		407	968-9640		
	(Name of Contact Person)	· · 	& Daytime Telephone Number)		
	sed please find a check made payable to Filing Fee		Department of State for: Fee & Certified Copy		
	ET/COURIER ADDRESS:		MAILING ADDRESS:		
_	ration Section on of Corporations		Registration Section Division of Corporations		
	n Building		P.O. Box 6327		
	Executive Center Circle bassee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



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)

	Elimited liability company a	as it appears on the records of the Florida Department
2. The Florida doc L1700019204	_	assigned to this limited liability company is:
CCA DDIM	TALC D. Cila Aila	esigned or will withdraw/resign is:
(Print)	Same of Person Resigning) AMBR	hereby withdraw/resign as a SST C :
resignation in w		the limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
•	\$25.00 (Required) \$30.00 (Optional)	RAFAELA CUBEZIN MY COMMISSION # FF 955892 EXPIRES: January 31, 2020 Bonded Trus Notary Public Underwriters

Rafacla Cobosin 11113/17