L17000209285

•
(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:





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SECRETARY OF STATE
TALL ALLASSES ELLOSINA

K. SALY APR 1 6 2018

COVER LETTER

TO:	Registration Section Division of Corporations		·		
SUBJ	D Trading Solutions, LLC				
	(Name of	(Name of Limited Liability Company)			
The en	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.		
Please	e return all correspondence concerni	ng this matter to:			
Victo	r Tiberge				
w	(Contact Person)		<u></u>		
D Tra	ading Solutions, LLC				
	(Firm/Company)		_		
5779	SW 40 ST				
	(Address)		_		
Miam	ni, Florida 33155				
	(City/State and Zip Code)		_		
For fu	arther information concerning this m	atter, please call:			
Victor	r Tiberge	786 at (508-8892		
	(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\begin{align*} \text{\$\text{25}} \text{ Filing Fee} \text{\$\text{\$\text{Certified Copy}} \text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$}}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}} \$\text{\$\tex{					
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
_	tration Section		Registration Section		
	ion of Corporations n Building		Division of Corporations P.O. Box 6327		
	Executive Center Circle		Tallahassee, Florida 32314		
	passee. Florida 32301		I WILLIAM CHOIT		

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)

	e limited liability company as it appears on the records of the Florida Department rading Solutions, LLC			
2. The Florida document/registration number assigned to this limited liability company is: L17000209285				
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:			
Victor Tibero				
CFO	, and the same of			
	(Print Title)			
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.			
Signature of D	issociating Member or Resigning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			