111000 221 970

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALG Trad (Name of Lim	le LLC
(Name of Life	med Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Anton Vermachouse (Contact Person)	k
(Contact Person)	
ALG Trade LLC (Firm/Company)	
(Firm/Company)	
600 PARKViel DR. #5	225
(Address)	
Kallandale Beach, FL	33009
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
Anton	at (954) 348 19 60
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAIL ING ADDRESS
Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

	limited liability company : ALG TRADE		the records of the Flo	oridal Department SER	ent T
2. The Florida docu	ment/registration number 00022197	assigned to this	limited liability con	ipany of ST	
3. The date this me	nber/manager withdrew/re	esigned or will v	withdraw/resign is: _	09 242	089
4.1. Henadzi	1/		withdraw/resign as a		
olla	uagev Print Title)				
of this limited lial resignation in wri	oility company and affirm ting.	the limited liab	ility company has be	en notified of n	ny
Signature of Di	Seciating Member or Res	igning Manager			
	\$25.00 (Required) \$30.00 (Optional)				