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RARES

JUL 0 3 2019
I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations			
	ECT: tradingonline, LLC Name of the Name o	of Limited Liability 54	Company	
The e	nclosed Resignation of Registered A		Liability Company and fee are :	submitted
for fil	ing.			
Please	e return all correspondence concernir	ng this matter to th	ne following:	
Unite	d States Corporation Agents, Inc	> .		
	Name of Person			
Lega	Izoom.com, Inc.			
	Name of Firm/Company			
9900	Spectrum Dr.			
	Address			
Austi	n, TX 78717			
	City/State and Zip Code			
	-mail address: (to be used for future annual	report notification)		
For fi	rther information concerning this ma	atter, please call:		
Jann	a Pantoja	1 800	ຸ773-0888 x3950	
	Name of Person	Area Code	773-0888 x3950 Daytime Telephone Number	
diabili	sed is a check made payable to the F ty company or \$25.00 for an adminis ty company.	Torida Departmen stratively dissolve	t of State for \$85.00 for an active d. voluntarily dissolved or withd	e limited rawn limited

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision:	s of section 605.011:	5. Florida Statutes, the undersig	gned.	
United States Corporation Agents, Inc. hereby resigns as				
Name of Registered Agent				
Registered Agent for tra	dingonline, LLC			
	Name of Lim	ited Liability Company		
L17000255354				
Document Nun	iber, if known			
A copy of this resignation	n was mailed to the a	bove listed limited liability cor	npany at its last known a	ddress.
The agency is terminated	and the office disco	ntinued on the 31st day after th	e date on which this state	ament is filed.
		Signature of Resigning Agent		
If signing on behalf of an	entity:			
	Cheyenne Mose	ley		
		eped or Printed Name nited States Corporation Agent	s, Inc.	2019.
•		Capacity		: '
				·)
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability comp Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/	PH 2: 38

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314