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(Add	ress)	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability	Company
DOCL	JMENT NUMBER: L18000097404	
The en for fili	closed Resignation of Registered Agent for a Limite ng.	d Liability Company and fee are submitted
Please	return all correspondence concerning this matter to t	he following:
Chelsea	Chapman	
	Name of Person	-
Legalin	c Corporate Services, INC.	
	Name of Firm/Company	-
10601 C	Clarence Dr Ste 250	
	Address	-
Frisco,	TX 75033-3867	
	City/State and Zip Code	-
ra@leg:	aline.com	
——————————————————————————————————————	mail address: (to be used for future annual report notification)	-
For fur	ther information concerning this matter, please call:	
Chelsea	Chapman 844) 386-0178) Daytime Telephone Number
	Name of Person Area Code	Daytime Telephone Number
Enclose liability limited	ed is a check made payable to the Florida Departmer y company or \$25.00 for an administratively dissolve liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.0115, Florida Statutes, the	undersigned,	
Legalinc Corporate Se	rvices, INC.	, hereby resigns as	
	Name of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registered Agent for	TRADEEX RL LLC		
	Name of Limited Liability Company		
L18000097404			
Documen	Number, if known		
A copy of this resign	ation was mailed to the above listed limited liab	pility company at its last known addre	SS.
The agency is termin	ated and the office discontinued on the 31st day Signature of Resigning A	man_	7022
If signing on behalf of	of an entity:		
	Chelsea Chapman	1.57 - 70.7	5 ["
	Typed or Printed Name		_ n
	On Behalf of Legaline Corporate Services, IN	C.	= -
	Capacity	STATE	10 PM 1: 09

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

FILING FEES:

O \$ 85.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company