

418000151028

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

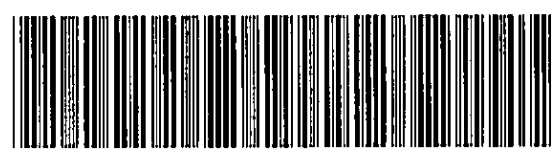
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_    Certificates of Status \_\_\_\_\_

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*RA Resignation*

JAN 10 2020

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLTRADEFL, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000151028

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kent Rockwell  
Name of Person

Universal Registered Agents, Inc.  
Name of Firm/Company

PO Box 23788  
Address

Overland Park, KS 66283  
City/State and Zip Code

krockwell@uragents.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kent Rockwell at ( 855 ) 236-9172  
Name of Person Area Code Daytime Telephone Number

19 NOV 27 PM 2:55

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**UNIVERSAL REGISTERED AGENTS, INC.**, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **ALLTRADEFL, LLC**

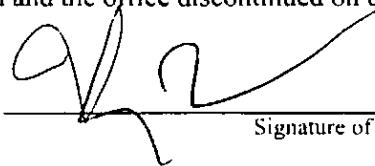
\_\_\_\_\_  
Name of Limited Liability Company

**L18000151028**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**Kent Rockwell**  
\_\_\_\_\_  
Typed or Printed Name

**CEO**  
\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

19 NOV 27 11:31 AM  
Division of Corporations