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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FOX TRADE REAL ESTATE, LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
LUBOS PANEK (Contact Person)
FOXTRADE REAL ESTATE, LLC (Firm/Company)
242 S. Washington Blud, 172
SARASOTA FL 34236 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAL ZIVORK at (941) 224 0967 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \square\$ \$25 Filing Fee & Certified Copy
Mailing Address:  Registration Section  Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



## 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)

1. The name of the	limited liability comp	any as it app	ears on the record	s of the Florida	Department	
of State is:	FOXTRADE	REAL	ESTATE	LLC	·	
	ument/registration num	iber assigned	i to this limited lia	ability company	is:	
<u> </u>	000 26 04 61					
3. The date this me	ember/manager withdre	w/resigned	or will withdraw/r	esign is: 4/	<u>14/202</u> 0	
(Print N	ame of Person Resigning)		nereby wilndraw/i	resign as a		
MA	NAGER (Print Title)	<u></u> ·				
of this limited lial resignation in wri	bility company and affitting.	irm the limit	ed liability compa	ny has been not	ified of my	
Signature of Di	ssociating Member or	Resigning M	lanager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				2020 APR 17 PM	