

190000 27321

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

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

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

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

PICK-UP     WAIT     MAIL

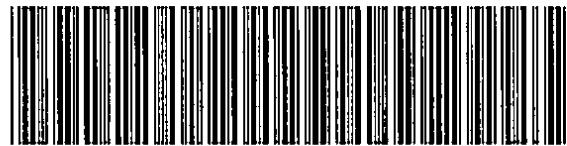
\_\_\_\_\_  
(Business Entity Name)

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

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

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04/08/18--01015--088 425.00

STATE OF FLORIDA  
DEPARTMENT OF STATE  
REGISTRATION OF TRADE  
MARKS AND TRADE NAMES  
REGISTRATION NUMBER  
EXPIRATION DATE

2018 APR - 8 PM 1:48  
8

FILED

1. LAMBERT, T.  
APR 15 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAYA TRADING, 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:

**SIMON PATEL**

(Contact Person)

**NAYA TRADING, LLC**

(Firm/Company)

**10 N 3RD STREET**

(Address)

**JACKSONVILLE BEACH, FL 32250**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SIMON PATEL**

(Name of Contact Person)

904 246-2266

at (\_\_\_\_\_) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee  \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 company as it appears on the records of the Florida Department of State is: NAYA TRADING, LLC
2. The Florida document/registration number assigned to this limited liability company is: L19000027321
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-1-19
4. I, RAJESH PATEL, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*P. Gallo*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

Company has been AFM - 8 P.M. 89