

h19 0000 44547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

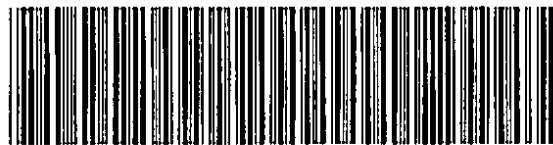
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MAR 16 2022

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SECRETARY OF STATE  
TALLAHASSEE, FL 323

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORDEG INSURANCE, 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:

Octavio Rodriguez

\_\_\_\_\_  
(Contact Person)

Sotillo & Associates

\_\_\_\_\_  
(Firm/Company)

31 SE 5th Street # 301

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

Miami, FL 33131

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (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

**Mailing Address:**

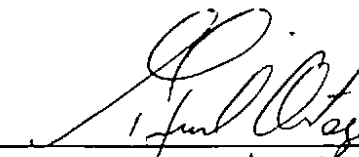
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## RESIGNATION OF MEMBER OF ORDEG INSURANCE LLC

1. Name of the Limited Liability Company: **ORDEG INSURANCE LLC**
2. Florida registration number: L19000044547
3. The date this member resigned is: 11/30/2021
4. MPP TRADING COMPANY LLC, a Limited Liability Company of Delaware hereby resigns as Managing Member of Ordeg Insurance Limited Liability Company and affirm the limited liability company has been notified of our resignation

  
\_\_\_\_\_

Printed Name Miguel Ortega

Managing Member of MPP Trading Company LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL