

L19000167509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

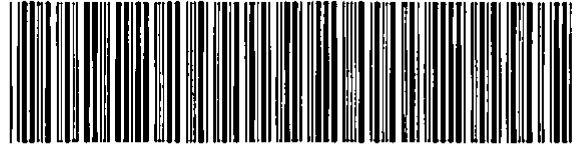
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200331911392

07/26/19--01039--000 +\$95.00

2019 JUL 26 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01/01/2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAX SKI 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:

Sean Velez
(Contact Person)

TRAX SKI LLC
(Firm/Company)

5309 Flamingo PL
(Address)

COCONUT CREEK FL 33073
(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN VELEZ at (954) 612 5044
(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

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

2008 JUL 26 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2018 JUL 26 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: TRAX SKI LLC
2. The Florida document/registration number assigned to this limited liability company is:
L 19000 167509
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7 / 19 / 19
4. I, SEAN VEIEZ, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager AP
(Print Title)

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

SEAN VEIEZ
Signature of Dissociating Member or Resigning Manager

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