

L2C0000092335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

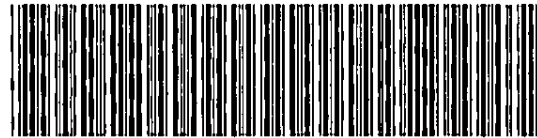
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/08/21--01022--018 \*\*25.00

MAR 26 2021  
S. YOUNG

2021 FEB -8 PM 6:25

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Trader's Peak LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Samson Lam

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

Trader's Peak LLC

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

10254 Sand Cay Dr

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

Winter Garden, FL 34787

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

For further information concerning this matter, please call.

Samson Lam

470

269-9400

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

**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



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  
Trader's Peak LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L20000092338  
\_\_\_\_\_

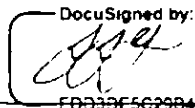
23rd January 2021

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
Juan J. Garcia

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
AMBR

\_\_\_\_\_  
(Print Title)

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

DocuSigned by:  


FD333E5C29344B5

Signature of Dissociating Member or Resigning Manager

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

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