## h21000028251

(Requestor's Name)
(Address)
( datass)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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JALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHER

## **COVER LETTER**

Division of Corporations	
OWG TRADING LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
ELOY RODRIGO COLOMBO	
(Contact Person)	
(Firm/Company)	
401 69th street ap. 1507	
(Address)	
Miami Beach FL 33141	
(City/State and Zip Code)	
For further information concerning this matter, j	please call:
Eloy Rodrigo Colombo	786 449 0440
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	•
□ \$25 Filing Fee	§ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81

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)

	e limited liability company as it appears on the records	s of the Florida Department
2. The Florida doct	ument/registration number assigned to this limited lia	bility company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/re	6/14/2022 esign is:
4. I, ELOY RODRIG	, hereby withdraw/r Same of Person Resigning)	esign as a
MGR/MEN	1BER (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability compariting. Wallowly	ny has been notified of my
Signature of Di	issociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	