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#### **COVER LETTER**

SPIEGEL TRADING SERVICES SUBJECT:	S LLC	
Name	e of Limited Liability	Company
DOCUMENT NUMBER: L21000285275	i 	
The enclosed Resignation of Registered for filing.	Agent for a Limited	d Liability Company and fee are submitted
Please return all correspondence concern	ning this matter to t	he following:
Chelsea Chapman		
Name of Person		-
Legalinc Corporate Services, INC.		
Name of Firm/Company	y	-
10601 Clarence Dr Ste 250		
Address	_	•
Frisco, TX 75033-3867		
City/State and Zip Code	;	•
ra@legalinc.com		
E-mail address: (to be used for future annua	al report notification)	•
For further information concerning this r	natter, please call:	
Chelsea Chapman	844 at (	386-0178
Name of Person		Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### **Mailing Address:**

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

Registration Section Division of Corporations

TO:

### **Street Address:**

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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	<ol><li>Florida Statutes, the un</li></ol>	idersigned,			
Legaline Corporate Servi	ices, INC.		, hereby resigns as			
	Name of Registered Ag	ent	_ , ,			
Registered Agent for S	PIEGEL TRADING S	ERVICES LLC				
_	Name of Li	mited Liability Company			<del></del> '	
L21000285275						
Document No	umber, if known					
A copy of this resignation	on was mailed to the	above listed limited liabili	ty company at its last kn	nown addr	ess.	
The agency is terminate	ed and the office disco	ontinued on the 31st day a	fter the date on which th	is stateme		ed.
If signing on behalf of a	nn entity:				7.07	
	Chelsea Chapman				01 KON 2202	- {
		Typed or Printed Name	<del></del>			22. es
	On Behalf of Legalii	nc Corporate Services, INC.		S S		i Ten
	-	Capacity		of si	AM 8: 08	Ö
	FILING  S \$ 85.00  S \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily dissolv pility company	FL E	80	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314