L21000394874

(Requestor's Name)				
(Address)				
(1007000)				
(Address)				
(City/State/Zip/Phone #)				
, , , ,				
PICK-UP WAIT MAIL				
(Dusing Fast No.				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section		•	
Division of Corporations			
TREP Advisors, LLC SUBJECT:			
(Name	of Limited Liability C	lompany)	
The enclosed member, resignation or d	lissociation and fee	e(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to	o:	
Rob Chepak			
(Contact Person)			
TREP Advisors, LLC			
(Firm/Company)			-
1343 Main Street Ste 607			
(Address)			12
Sarasota, Florida 34236			
(City/State and Zip Code))		247 47
For further information concerning this	s matter, please cal	II:	`- '
Heather Nicole	503 at (913,4399	
(Name of Contact Person)		de & Daytime Telephone Number)	
Enclosed please find a check made pay	able to the Florida	Department of State for:	
■ \$25 Filing Fee	🗆 \$55 Fili	ing Fee & Certified Copy	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

CR2E079 (2/14)



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 compared of State is: TREP Advisors, LLC	any as it appears on the records of the Florida Department
2. The Florida document/registration num	ber assigned to this limited liability company is:
	ew/resigned or will withdraw/resign is:
4. 1. Jeffrey C. Piersall	, hereby withdraw/resign as a
(Print Title)	
resignation in writing.	irm the limited liability company has been notified of my
Senature of Dissociating Member or	Resigning Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: