To: +18506176383

Florida Department of State

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to:

Division of Corporations Fax Number : (850)61 : (850)617-6183

Frent

Account Name : PETER MATHISON LLC Account Number : 170710000157

: (305)520-9343 Fax Number : (786)705-2040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one small address please.

LLC REGISTERED AGENT RESIGNATION SOUTH TRADE GROUP LLC

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COVER LETTER

From: +17867052040 (TU CONTADOR EN MIAMI)

TŐ:	Registration Section Division of Corporations	ï	, •	Þ	%
SUB	SOUTH TRADE GROUP LLC		r		
	Name of Lir	mited Liabi	lity Compa	ny	
DOC	UMENT NUMBER: 1.22000197789				<u> -</u>
The e	nclosed Resignation of Registered Agent ing.	for a Limi	ited Liabil	ity Company an	d fee are submitted
Pleas	e return all correspondence concerning th	is matter t	o the follo	wing:	
FERN	ANDO VILLARREAL				
	Name of Person				
PETE	R MATHISON LLC				
	Name of Firm/Company				
800 S	E 4TH AVENUE SUITE 139				
	Address				
HALL	ANDALE BEACH, FL, 33009				
	City/State and Zip Code				
INFO	@TUCONTADORENMIAMI.COM				
F	-mail address: (to be used for future annual repor	t notification	1)		
For fi	irther information concerning this matter,	, please cal	d:		
FRNA	NDO VILLARREAL	305 t (520-93	43	
	Name of Person	`Area Co	de Daytir	ne Telephone Nu	mber

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

	MIAMI LLC	, hereby resigns as		
	Name of Registered Ager	nt (nereby resigns us		
Registered Agent for _	SOUTH TRADE GR	ROUP LLC		_
	Name of Lim	ited Liability Company		_,
L22000197789				
Document N	lumber, if known			
Γhe agency is terminat	ed and the office disco	ntinued on the 31st day after the date on which this stat	tement	is tī
f signing on behalf of	an entity:			
f signing on behalf of	an entity: FERNANDO VILI	LARREAL		
f signing on behalf of	FERNANDO VIL	yped or Printed Name v_e	2	
f signing on behalf of	FERNANDO VIL	yped or Printed Name	282	
f signing on behalf of	FERNANDO VIL	yped or Printed Name v_e	. if E382	
f signing on behalf of	FERNANDO VIL	yped or Printed Name	2021 JI - 25	ı
f signing on behalf of	FERNANDO VILI T MEMBER MANA FILING	GER Capacity FEES:	<u>ال</u> 30	، د
if signing on behalf of	FERNANDO VIL T MEMBER MANA	GER Capacity FEES: Active limited liability company	J 1 25 PH	
If signing on behalf of	FILING \$ 85.00	GER Capacity FEES:	<u>ال</u> 30	