178600000PP

(R	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP	TIAW	MAIL		
(Ві	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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resignation

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OS APR 26 EN 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200789, 00594, 00672

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 • (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Aba Tradi	rg, LLC	
•		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature	• • •	Vehicle Search
		Driving Record
Requested by:	1/1/200	UCC 1 or 3 File
W	4/25, 5:00	UCC 11 Search
Name	Date Time	UCC 11 Retrieval



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 26, 2005

Capital Connection, Inc. 417 E. Virginia Street Suite 1 Tallahassee, FL 32301

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

SUBJECT: ABA TRADING, L.L.C. Ref. Number: L99000002871

We have received your document for ABA TRADING, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for a corporation instead of a limited liability. I have enclosed the correct form that you may fill out and return to us.

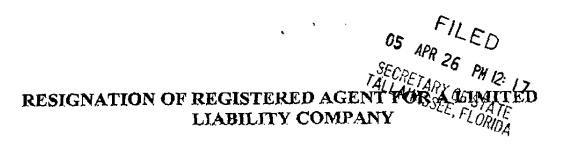
If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 805A00028768

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE





Pursuant to the provisions of	section 608.416(2) or 608.50	9, Florida Statutes, the undersigned,
ROSSZ FIU COR	PORATION	, hereby resigns as
(Nam	ic of Registered Agent)	,,,,,
Registered Agent for	ABA TRADING	3, L.L.C.
	(Name of Limited Liability	Company)
L99000002871		
(Document Number, if	lonown)	
_		imited liability company at its last known address.
The agency is terminated and	(Signature of Resign	ne 31st day after the date on which this statement is filed. July and the date on which this statement is filed. July after the date on which this statement is filed.
If signing on behalf of an enti	fy:	
	Spencer Fox	
	(Typed or Printer	Name)
	Vice President	
	(Capacity)	

FILING FEFS:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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