M090000020460

| (Requ | uestor's Name) | • | | | |
|---|-----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Addı | ress) | | | | |
| (City/ | /State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Busi | ness Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: | BAB Trading Group, LLC | | |
|---|---------------------------|---------------|---|
| | Name of Limite | d Liability | Company |
| DOCUMENT NUMBER: | MBER: | | |
| The enclosed Resignation of F for filing. | Registered Agent for | a Limited | Liability Company and fee are submitted |
| Please return all corresponden | ce concerning this m | natter to the | e following: |
| Kaitie S | Sperry | | |
| Name o | f Person | | |
| Corporate | Direct, Inc. | | |
| Name of Fir | m/Company | | |
| 2248 Meridia | an Blvd., Ste H | | |
| Add | ress | | |
| Minden, | NV 89423 | | |
| City/State a | nd Zip Code | ; | 1 |
| info@corpor | atedirect.com | | |
| E-mail address: (to be used fo | r future annual report no | tification) | |
| For further information conce | rning this matter, ple | ease call: | |
| Kaitie Sperry | at (| 775 | 782-2201 |
| Name of Person | n | Area Code | 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of | of section 605.0115, Florida Statute | s, the undersigned, |
|---|--------------------------------------|--|
| Gerri Detweiler Name of Registered Agent | | , hereby resigns as |
| | | , ,,, |
| Registered Agent for | BAB Trading Group, | LLC |
| | Name of Limited Liability Compa | any H A |
| M080000 |)2046 | POCT TO P |
| M0800002046 Document Number, if known/ A copy of this resignation was mailed to the above listed limited liability company at its last known address? | | 9 5 1 |
| | | ed liability company at its last known address |
| | Sterri Detter Signature of Resig | |
| If signing on behalf of an en | ntity: | |
| | Gerri Detweiler | r |
| • | Typed or Printed Nam | ne |
| | Registered Age | nt |

FILING FEES:

Capacity

\$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