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(((H12000291234 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone : (302)531-0855

Fax Number : (850)656-7953

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

The first state of the state of	
LLC REGISTERED AGEN	T RESIGNATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

DIMENSION TRADING GROUP, LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned,		
INCORPORATION	IG SERVICES, LTD.	, hereby resigns as		
	(Name of Registered Agent)			
Registered Agent for	DIMENSION TRADING GROUP, L	LC		
	(Name of Limited Liability Company	) .		
M10000003497				
(Document N	umber, if known)			
A copy of this resigna	ation was mailed to the above listed limited li	iability company at its last known add	ress.	
The agency is termina	ated and the office discontinued on the 31st of the office discontinued on the 31st of the 31st of the office discontinued on the 31st of the 31st of the office discontinued on the 31st of the 31st		<b>~</b> 1.	
If signing on behalf o	f an entity:	AHA	2012 DEC 12 SECRETARY	77
	CANDICE B. SWETLAND		EC 12	
	(Typed or Printed Name) ASSISTANT SECRETARY	ţi,	OF S	(L)
	(Capacity)	ORIC	9	

### FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ withdrawn limited liability company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

TO: Amendment Section

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## TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: DIMENSION TRADING GROUP, LLC			
(Name of Limited Liability Company)			
DOCUMENT NUMBER: M10000003497			
The enclosed Resignation of Registered Agent for a Limited Liability Company and fe for filing.	e are sub	mitted	
Please return all correspondence concerning this matter to the following:			
PHYLLIS BROWN			
(Name of Person)	₹.		
INCORPORATING SERVICES, LTD.	SEC!	20121	
(Name of Firm/Company)	金色	8	-
3500 S DUPONT HWY	SECRETARY OF STATE	12	
(Address)	7	<b>*</b>	
DOVER, DELAWARE 19901	STATI	8 00	C
(City/State and Zip Code)	) A	8	
For further information concerning this matter, please call:			
PHYLLIS BROWN at (302) 531-0855 (Name of Person) (Area Code & Daytime Telephone Num	\		
(Name of Person) (Area Code & Daytime Telephone Num	iber)		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or liability company.	active li withdray	lmited wn limit	ted
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319			