

M20 00000 1780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

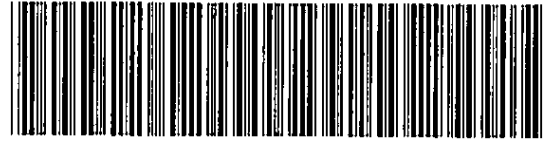
(Business Entity Name)

(Document Number)

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20 MAY -8 PM 12:45

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phoenix Trading Florida LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M20000001780

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Morales

Name of Person

Phoenix Trading

Name of Firm/Company

10417 sw 23rd ct

Address

Miramar FL 33025

City/State and Zip Code

morales.michael305@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Morales

at ( 786 ) 445 3088

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

20 MAY -0 PH12:45

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

20 MAY -8 PM 12:15

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

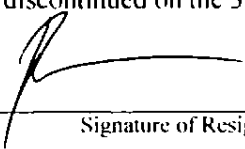
Regina Wellman \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Phoenix Trading Florida LLC  
\_\_\_\_\_  
Name of Limited Liability Company

M20000001780  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

**FILING FEES:**  
\$ 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