## LD1000021472

| (Re                                     | equestor's Name)   |                 |
|---|--------------------|-----------------|
| (Ac                                     | idress)            |                 |
| (Ac                                     | ldress)            |                 |
| (Ci                                     | ty/State/Zip/Phone | <del>;</del> #) |
| PICK-UP                                 | MAIT               | MAIL            |
| (Business Entity Name)                  |                    |                 |
| (Document Number)                       |                    |                 |
| Certified Copies                        | _ Certificates     | s of Status     |
| Special Instructions to Filing Officer: |                    |                 |
|   |                    |                 |
|   |                    |                 |
|   |                    |                 |
|   |                    |                 |

Office Use Only



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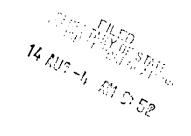
R. 65/M8/

## **COVER LETTER**

| TO:    | Registration Section Division of Corporations           |                   |   |
|--------|---|-------------------|---|
| SUBJ   | Trinity Financial Services, LI                          |                   |   |
|        | (Name of Lim  | ited Liability Co | ompany)   |
| The en | nclosed member, resignation or dissoci                  | ation and fee     | (s) are submitted for filing.                     |
| Please | e return all correspondence concerning                  | this matter to    | :   |
| Jean   | ette LaVigne  |                   |   |
|        | (Contact Person)  |                   | <del></del>                                       |
| Trinit | y Financial Services, LLC                               |                   |   |
|        | (Firm/Company)  |                   | <del></del>                                       |
| 940 (  | Centre Circle Suite 3022                                |                   |   |
|        | (Address)   |                   |   |
| Altan  | nonte Springs, FL 32714                                 |                   |   |
|        | (City/State and Zip Code)                               |                   | _   |
| For fu | urther information concerning this matte                | er, please call   | :   |
| Jean   | ette LaVigne  | 407               | 523-1980  |
|        | (Name of Contact Person)                                | _ \               | le & Daytime Telephone Number)                    |
|        | osed please find a check made payable t<br>5 Filing Fee |                   | Department of State for:  ng Fee & Certified Copy |
|        | EET/COURIER ADDRESS:                                    |                   | MAILING ADDRESS:                                  |
| _      | tration Section ion of Corporations                     |                   | Registration Section Division of Corporations     |
|        | on Building   |                   | P.O. Box 6327                                     |
| 2661   | Executive Center Circle hassee, Florida 32301           |                   | Tallahassee, Florida 32314                        |

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

|  | limited liability company as it appears on the records of the Florida Department ity Financial Services, LLC |
|--|--|
| 2. The Florida doc<br>L0100002167        | ument/registration number assigned to this limited liability company is:  2                                  |
| 3. The date this me                      | ember/manager withdrew/resigned or will withdraw/resign is:  |
| 4. I, Daniel Bock!                       | horn, hereby withdraw/resign as a lame of Person Resigning)  |
| Manager                                  |  |
|  | (Print Title)  |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my riting.                      |
| ( Camel                                  | 32l  |
| Signature of D                           | issociating Member or Resigning Manager  |
| Filing Fee:<br>Certified Copy:           | \$25.00 (Required)<br>\$30.00 (Optional)   |