

L 1 WOODS 19 34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

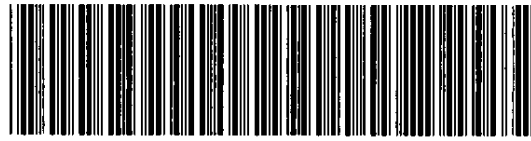
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
10 OCT 29 AM 10:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 29 PM 3:43

B. KOHR
OCT 29 2010
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 559931 7224887
AUTHORIZATION : [Signature]
COST LIMIT : \$25,00

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 OCT 29 PM 3:49

ORDER DATE : October 28, 2010
ORDER TIME : 5:28 PM
ORDER NO. : 559931-005
CUSTOMER NO: 7224887

DOMESTIC AMENDMENT FILING

NAME: TRISHTAN, LLC

EFFECTIVE DATE:

XX RESIGNATION OF MEMBER, MANAGER

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS:



FILED STATE
SECRETARY OF CORPORATIONS
10 OCT 29 PM 3:43

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

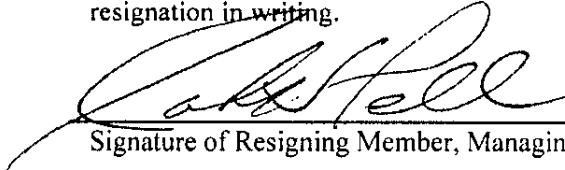
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Trishtan, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L10000081934

4. I, John H. Pell, hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)