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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations	
SUBJECT: Trinidad 92, LLC.	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Martin D. Edelman	
(Contact Person)	
(Firm/Company)	
2888 Cedar Grove Loop	≅s →
(Address)	— CR
The Villages, FL 32163	
(City/State and Zip Code)	
For further information concerning this matter, please c	(TO) (工 報子
Martin D. Edelman 352	753-4221 → 3.
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Fi	da Department of State for: iling Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the of State is: Trin	limited liability company as it appears on the records of the Florida Department dad 92, LLC.
2. The Florida doct	ument/registration number assigned to this limited liability company is:
4. I, Martin D. Ed	mber/manager withdrew/resigned or will withdraw/resign is:
Managing Pa	
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)