L07 0000 42486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

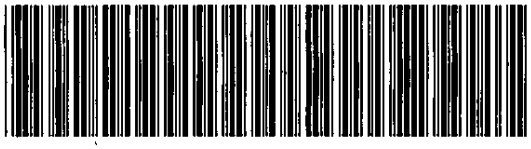
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100289182081

08/22/16--01040--016 **85.00

FILED
16 AUG 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/24/16 CR

BECKER & POLIAKOFF

Keith E. Broll, Esq.
Senior Attorney
Phone: (904) 423-5372 Fax: (904) 239-5938
kbroll@bplegal.com

100 Whetstone Place, Suite 302
St. Augustine, Florida 32086

August 19, 2016

VIA FIRST CLASS MAIL

Florida Department of State
ATTN: Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent for Trident Capital, LLC

Dear Sir or Madam:

Enclosed is the cover letter, Statement of Resignation of Registered Agent for a Limited Liability Company and this firm's check number 28420 in the amount of $85.00. Please remove me as registered agent for Trident Capital, LLC.

Please note that I have contacted Peter Sicilian, Manager of Trident Capital, LLC, and notified him on multiple occasions that they have wrongly listed me as registered agent without my authorization; however, Mr. Sicilian has refused to file the change with the Florida Department of State.

FILED
16 AUG 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you for your help in this regard.

Sincerely,

Keith E. Broll

KEB1/sjt

Enclosures
ACTIVE: 8878763_1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trident Captial, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000042486

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:

Keith E. Broll, Esquire
Name of Person

Becker & Poliakoff, P.A.
Name of Firm/Company

100 Whetstone Place, Suite 302
Address

St. Augustine, FL 32086
City/State and Zip Code

kbroll@bplegal.com
E-mail address: (to be used for future annual report notification)

FILED
16 AUG 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Keith E. Broll, Esquire at (904) 423-5372
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Keith E. Broll, Esquire , hereby resigns as

Name of Registered Agent

Registered Agent for Trident Capital, LLC ,

Name of Limited Liability Company

L07000042486

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

FILED
16 AUG 22 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

INHS17 (2/14)