F04000007002

(Requestor's Name)				
(Address)				
(Address)				
(Floriess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Certificates of Status				
Special Instructions to Filing Officer:				





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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 12/10/24 Order #: 1721113-1 Re: Trialon Corporation Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Amount to be deducted from our State Account: \$35 - FL State Account Number: I2000000195

Decar

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	Division of Corporations				
SUBJE	CT: Tria	alon Corporation			
3013.11			(Name of Corporation)		
DOCU	MENT N	TUMBER: F04000007002			
The end	closed wit	thdrawal application and	fee are submitted for filing	-	
Please	return all	correspondence concerning	g this matter to the followir	ng:	
			(Name of Person)		
			(Firm/Company)	-:!! >-:	2024 DEC 10
			(Address)	· · · · · · · · · · · · · · · · · · ·	() () () () () () () () () () () () () (
		(0	City/State and Zip code)		
For fur	ther infori	nation concerning this mat	ter, please call:		
	(1)	same of Person)	at ()	Daytime Telephone	Number)
Enclose	ed is a che	eck for the amount:			
□ \$35	Filing Fee	e S43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	□ \$52.50 Filing Fee, Certificate of Status Copy (Additional c	s & Certified
	Division (P.O. Box	ent Section of Corporations	Street Address: Amendment Section of Corporate Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Trialon Corporation			
(Name of Corporation)		
F0400007002			
(Document Number of Corporation	n (if known)		
Michigan 12/13/2004			
(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)		
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conductive to transactive to the second conductive to t	et affairs in Florida.		
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F	ss based on a cause of action arising during the lorida.		
The following is a current mailing address for the corporation:			
1477 Walli Strause Blvd.	ت من من المناطقة الم		
(Mailing Address)			
Burton, MI 48509			
(City/ State /Zip)			
The corporation agrees to notify the Department of State in the fu	iture of any change in its mailing address.		
Suzanna R. Valentine	12/09/2024		
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that tiduciary)	of a director, president or other officer - if in the hands of a (Date) or other court appointed fiduciary, by that tiduciary)		
Suzanna R. Valentine	Assistant Secretary		
(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35