

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

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Email Address:

REGISTERED AGENT RESIGNATION TRIARCH MARKETING, INC.

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JUL 22 2016

7/21/2016

COVER LETTER

Amendment Section TO: Division of Corporations 'RIARCH MARKETING, INC. (Name of Corporation) DOCUMENT NUMBER: F10000000239 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Helen Mac-Tran (Name of Person) NRAI SERVICES, INC. (Name of Firm/Company) 111 8th Avenue, 13th Floor

(Address)

New York, NY 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Theresa Alfieri (Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassec, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 63	7.1509,		
Florida Statutes, the undersigned, NRAI SERVICES, INC.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for TRIARCH MARKETING, II	VC.		
(Name of Corporation)			
F1000000239			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last k	soum add	* 044	
R copy of this resignation was thatted to the above fisted corporation at its fast to	IOMB ROU.	(022.	
The agency is terminated and the office discontinued on the 31st day after the da	te on whic	ch .	
this statement is filed.			
)///			
(Signature of Resigning Agent)			
(Signature of Kesigning Agent)			
If signing on behalf of an entity:			
NRAI SERVICES, INCHelen Mac-Tran			
(Typed or Printed Name)			
	Esc	o	
ASSISTANT SECRETARY	P ∓		84 C32
(Capacity)	- 	JUL 2	Official
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!	ت ارد. ا		1-1-22
Fee for filing this document:	1.27 CV.		nd here
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/		9.2	hin area

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314