

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #))
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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DIVISION OF CORPORATION

CV 3/13



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Trifecta Jacksonville I, Inc.			
(Name of Corporation)			
DOCUMENT NUMBER: F1000002495			
The enclosed withdrawal application and fee are submitted for filir	ng.		
Please return all correspondence concerning this matter to the following:			
Bruce Nussbaum	,		
(Name of Person)	-		
Trifecta Jacksonville I, Inc.			
(Firm/Company)			
28035 Dorothy Drive, Suite 240			
(Address)			
Agoura Hills, CA 91301			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Bruce Nussbaum at (818) 87	' 9-7100		
(Name of Person) (Area Code a Enclosed is a check for the amount:	& Daytime Telephone Number)		
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
Amendment Section A Division of Corporations D P.O. Box 6327	TREET ADDRESS: Amendment Section Division of Corporations 661 Executive Center Circle fallahassee, FL. 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2015

BRUCE NUSSBAUM / TRIFECTA JACKSONVILLE I, INC. 28035 DOROTHY DRIVE SUITE 240 AGOURA HILLS, CA 91301 US

SUBJECT: TRIFECTA JACKSONVILLE I, INC.

Ref. Number: F10000002495

We have received your document for TRIFECTA JACKSONVILLE I, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 915A00000913

SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN 30 PM 4: 01

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

Trifecta Jacksonville I, Inc.	
(Name of Corporation)	
F10000002495	
(Document Number of Corporation (if known)
Delaware	
(Incorporated Under Laws of	f)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procest the time it was authorized to transact business or conduct affairs in	ss based on a cause of action arising during
The following is a current mailing address for the corporation:	
28035 Dorothy Drive, Suite 24	0
(Mailing Address)	· · · · · · · · · · · · · · · · · · ·
Agoura Hills, CA 91301	
(City/ State /Zip)	
•	
The corporation agrees to notify the Department of State in the futu	are of any change in its mailing address.
Pla	January 9, 2015
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Bruce Nussbaum	Co-President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35