10100014564

(Requestor's Name)	_			
(Address)				
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PICK-UP WAIT MAIL				
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K. SALY OCT 27 2017

COVER LETTER

TO: Registration Section Division of Corporations			l			
SUBJECT: TRIGRAM LLC						
(Name of Lim	ited Liability Cor	mpany)				
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for	filing.			
Please return all correspondence concerning	this matter to:		i t			
VINSON P. RICHTER		_	•			
(Contact Person)						
TRIGRAM LLC						
(Firm/Company)		_				
6358 MANOR LANE						
(Address)		_	1			
SOUTH MIAMI, FL 33143			l			
(City/State and Zip Code)		_				
For further information concerning this matter, please call:						
VINSON P. RICHTER	305	669-1938	1			
(Name of Contact Person)	(Area Code	& Daytime Telepho	ne Number)			
Enclosed please find a check made payable to \$25 Filing Fee		Department of State g Fee & Certified C				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida	on rations			

CR2E079 (2/14)



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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:		it appears on the records of the F	Florida Department
2. The Florida docu L010000145		ssigned to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	June 1, 2015
4. I,	egel	, hereby withdraw/resign as	a
(Print N Managing Me			i
	(Print Title)		i
resignation in wr	iting.	e limited liability company has b	een notified of my
Signature of Di	ssociating Member or Resig	ning Manager	· · ·
	\$25.00 (Required) \$30.00 (Optional)		1