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(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE

ALLAHASSEE, FLORINA

!!9V 0 1 2018 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Trifecta Investments, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron M. Davis (Name of Person) Florida Agency Network (Firm/Company) 1505 S Alexander St - Suite 101 (Address) Plant City, FL 33563 (City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Harrell at (813) 750-0040 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is		
	Trifecta Investments, LLC		
2.	The Articles of Organization were filed on Jnuary 3, 2002 and assigned		
	document number L02000000581		
3.	elayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not as the document's effective date on the Department of State's records.		
4.	. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sectio 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).	n	
	Resolution of the memberbership AND AND AND AND AND AND AND AN	10 PCT 22	FII ED
5.	. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	PH 5: 53	Ö
6. lii	Signature of an authorized person or if there are no members, the signature of the person appointed and isted above to wind up the company's activities and affairs:		
	Aaron M. Davis		
	Signature Printed Name		

FILING FEE: \$25.00