

# L02000032678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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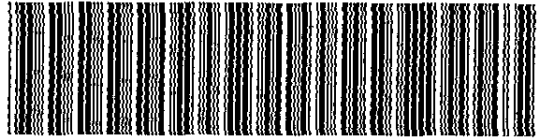
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03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRUCE LAMCHICK, P.A.**

ATTORNEY AT LAW

TWO DATRAN CENTER, SUITE 1101  
2130 SOUTH DADELAND BOULEVARD  
MIAMI, FLORIDA 33156

TELEPHONE (305) 670-4455

FAX (305) 670-4422

BRUCE LAMCHICK  
WARREN BILCHIK

July 25, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Tria Investment Group, LLC

Dear Sir or Madam:

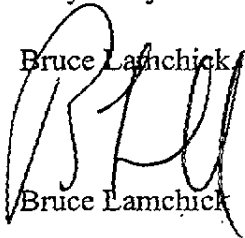
Enclosed please find the following documents relating to the above referenced corporation.

- 1) Transmittal Letter
- 2) Statement of Change of Registered Agent
- 3) Resignation of Registered Agent
- 4) Articles of Amendment

I have also enclosed a check in the amount of \$135.00 representing the filing fee for these documents. Please feel free to call me with any questions or concerns you may have.

Very Truly Yours,

Bruce Lamchick, P.A.



Bruce Lamchick

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Rudolph Marajh

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Tria Investment Group, LLC

(Name of Limited Liability Company)

L02000032678

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**FILED**  
03 JUL 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

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