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## TRANSMITTAL LETTER

SUBJECT:  (Name of Corporation)  DOCUMENT NUMBER:    LODOW 23008  The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Many   Dellay C   (Name of Person)    Name of Firm/Company)   ALECTOR	TO: Amendment Section Division of Corporations			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Many   Bellauic   (Name of Person)	SUBJECT: TRI- County Investors, LLC (Name of Corporation)			
Please return all correspondence concerning this matter to the following:    Many & Bellavic (Name of Person)	1 := 2 =<2~> 2 2 5 2 6			
Many b Bellavic  (Name of Firm/Company)  (Name of Firm/Company)  DESTRUCTION  (Name of Firm/Company)  ARRY  (Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing.		
(Name of Firm/Company)  DRA NW 88 Manuy  (Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:			
(Name of Firm/Company)  DRA NW 88 Manuy  (Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:	many b Bellavia			
(Address)  Parkland, F. 3300  (City/State and Zip Code)  For further information concerning this matter, please call:	(Name of Person)	•		•
(Address)  Parkland, F. 3300  (City/State and Zip Code)  For further information concerning this matter, please call:		SEC	8	
(Address)  Parkland, F. 3300  (City/State and Zip Code)  For further information concerning this matter, please call:	(Name of Firm/Company)	<u>}</u>	)E(	
(City/State and Zip Code)  For further information concerning this matter, please call:  \[ \int_{\text{color}} \lambda_{\text{color}} \l	5834 NW 88 Manur	ÄRY ASSEI		(1000) (1000)
(City/State and Zip Code)  For further information concerning this matter, please call:  \[ \int_{\text{color}} \lambda_{\text{color}} \l	(Address)			
For further information concerning this matter, please call:  \[ \int_{\alpha} \lambda	1 av Kland, 12 2000 1	OREA REA	သ	-
Now la Rallavia 100 1 149-2289	(City/State and Zip Code)	À	•	
Mani Jo Bellavia at 954, 448-2389	For further information concerning this matter, please call:			
(Name of Person) (Area Code & Daytime Telephone Number)		iber)		÷

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, May b Bellavia, hereby resign as a Managing (Title)	<u>Nem</u> Ber
of TRI-County Mesters LLC (Limited Liability Company)	,
a limited liability company organized under the laws of the State of Flovide and affirm that the limited liability company has been notified in writing of the resignation.	
Man of Selection of the	
(Signature of resigning manager, managing member or member)	3

## FILING FEE IS \$25.00

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