

L04000023011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

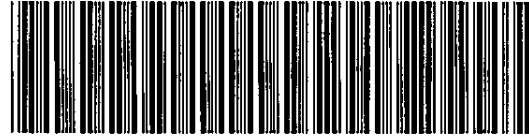
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
ALBANY, NY

FEB 14 2014

T CLIN

Enclosed are seven (7) change request forms. Three (3) are for LLC's and four (4) are for corporations. Also enclosed is a check in the amount of \$215 to cover the processing fees for these seven forms.

Thank you in advance!

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SECRETARY OF STATE  
2014 FEB 13 PM 1:15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **TRIANGLE VENTURES LLC**

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**TED MYERSON**

(Contact Person)

(Firm/Company)

**PO BOX 4668 #96049**

(Address)

**NEW YORK, NY 10163-4668**

(City/State and Zip Code)

For further information concerning this matter, please call:

**TED MYERSON**

(Name of Contact Person)

at **(212) 882-1370**

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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STATE OF FLORIDA  
CLERK OF THE COURT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRIANGLE VENTURES LLC

2. The Florida document/registration number of this limited liability company is:  
L04000023011

3. The date this member withdrew or will withdraw is: 5/22/2013

4. I, TED MYERSON, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS