

L04000045296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

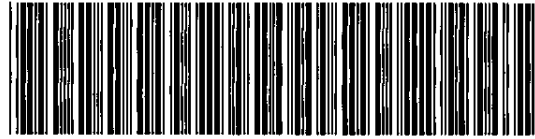
(Business Entity Name)

(Document Number)

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07 FEB 27 AM 10:42
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAR -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Charter Number Only

2/26/07 Cira

Cira m Jorge

Requestor's Name

315 SW 50th Ave

Address

Miami FL 33134

City

State

ZIP

Phone

VALIDATION ONLY

FILED
07 MAR - 1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Tristar Group of Companies, LLC
204000045296

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

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Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 MAR -1 AM 10:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 27, 2007

EMPIRE

TALLAHASSEE, FL

SUBJECT: TRISTAR GROUP OF COMPANIES, LLC
Ref. Number: L04000045296

FILED
07 MAR -1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRISTAR GROUP OF COMPANIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have retained your \$35.00 fee.

The officer/director resignation form is only used for corporations.

Please complete and submit the attached resignation form for limited liability companies.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 307A00014134

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRISTAR GROUP OF COMPANIES, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000045296

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ciro M. Jorge
(Name of Person)

EMPIRE CORPORATE KITS
(Name of Firm/Company)

2444 NW 7th PL
(Address)

Miami, FL 33127
(City/State and Zip Code)

For further information concerning this matter, please call:

Ciro Jorge at (305) 358-2571
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
07 MAR - 1 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR 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: *Triptar Group of Companies, LLC*

2. This limited liability company was organized under the laws of:
The State of Florida

3. The Florida document/registration number of this limited liability company is:
L040000 45296

4. I, *Cira M Jorge*, hereby resign as a *Mgr*
(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.

Cira M Jorge

Signature of Resigning Member, Managing Member or Manager

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