

Florida Department of State

Division of Corporations

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Division of Corporations
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From:

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Account Name : BOOSE, CASEY, CIKLIN, ET AL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TRIFECTA LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trifecta LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William R. Boose, Esquire
(Name of Person)

Boose Casey Ciklin Lubitz
(Firm/Company)

515 N. Flagler Drive, 19th Floor
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

William R. Boose at (561) 832-6900
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Richard B. Crum, hereby resign as Manager
(Title)

of Trifecta LLC
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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

[Signature]
(Signature of resigning manager, managing member or member)

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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

CR2E079 (8/05)