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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entry Numb)			
(Document Number)			
Certified Copies Certificates of Status			
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J. SAULSBERRY EXAMINER

JUL 17 2013



COVER LETTER

TO: Registration Section

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Division of Corporations

SUBJECT: TRIMAL PROPERTIES, LLC

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

Please return all correspondence concerning this matter to:

MALCOLM PARTON
(Contact Person)

TRIMAL PROPERTIES, LLC
(Firm/Company)

2519 MARATHON LANE

FT. LAUDERDALE, FL 33312

For further information concerning this matter, please call:

MALCOLM PARTON at 954 258 - 1076

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

\$25 \text{Filing Fee} \square \text{\$55 \text{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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the li	imited liability company as it appears on the records of	the Florida Department	
of State is:	RIMAL PROPERTIES, LLC	72	
· - 1	lity company was organized under the laws of:	BJUL 15 AND	
3. The Florida docum	ment/registration number of this limited liability compa	any is:	
4. I, TRINA (Print Nat	PARTON, hereby resign as a	MGRM (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.			
Signature of Resigning Member, Managing Member or Manager			
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		