LO 60000095191

(Re	equestor's Name)	
. (Ad	idress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



000097928960

04/24/07--01027--005 **25.00

ZECRETARY OF STATE

06,95191

COVER LETTER

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

SUBJECT: TRIAD CONSULTING GVOUP, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for iling.
Please return all correspondence concerning this matter to:
Dennis JAMES (Contact Person)
TIRIAD CONSULTING Group, LLC (Firm/Company)
334 East Lake Roan # 311
PALM Havbor FL. 34685 (City/State and Zip Code) For further information concerning this matter, please call:
Dennis James at (866) 918-7423 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Reference Center Circle Tallahassee, Florida 32314



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 limited liability company as it appears on the records of the Florida Department	ent
of State is: TVZIAD CONSULTING GROUP, LLC	
2. This limited liability company was organized under the laws of: "S" Conjonation	
3. The Florida document/registration number of this limited liability company is: LO60009919 ALCAHASSEE TARY OF THE SECRETARY OF THE SECRETA	
4. I, SAN M. LEWIS, hereby resign as a MEMISSONS, (Print Name of Person Resigning) (Print Fille) =	Member
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	ny
mten	
Signature of Resigning Member, Managing Member or Manager	12
	,

CR2E079 (5/06)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)