L0700005760

•		
(Requestor's Name)		
· (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Office Use Only		
Ä		



100131393801

06/18/08--01007--010 **25.00

08 JUN 18 AHII: 25
SECRETARY OF STATE

N. Cottigue JUN 1 9 2008

COVER LETTER

Division of Corporations	
SUBJECT: TriMPY5/00 L (Name of Limited)	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Robert Ladrach (Contact Person)	
(Firm/Company)	
3020 Indian tra	<u> </u>
Lake Worth F2 3. (City/State and Zip Gode)	3462
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears o	on the records of the Florida De	p@ment
of State is:	rimersion, LC	<u> </u>	<u> </u>
	lity company was organized under the l	TARY OF STATE ASSEE FLORIDA	118 AMII: 25
	ment/registration number of this limited	l liability company is:	
4. I, Rober	t Ladrach, hereb	y resign as a M (Print Title)	}
of this limited liab resignation in wri	oility company and affirm the limited liating.	bility company has been notific	ed of my
-Ru	Un		
Signature of Resi	gning Member, Managing Member or N	Ianager	
~	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		