#107000008189

| (Requestor's Name) | | |
|---|-------------------|-------------|
| . (Address) | | |
| (Address) | | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



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SECRETARY OF STATI

K.SALY EXAMINER MAY 2 9 2013

COVER LETTER

TO: Registration Section **Division of Corporations**

TRINITY ACCOUNTING SOLUTIONS, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

| , | | |
|--|---------------------|--------------------------------|
| DAWN WARD | | |
| (Contact Person) | | • |
| TRINITY ACCOUNTING SOLUT | TIONS, LLC | |
| (Firm/Company) | | • |
| 208 DEBARY DR | | |
| (Address) | | • |
| DEBARY, FL 32713 | | |
| (City/State and Zip Code) | | • |
| For further information concerning this matt | er, please call: | |
| DAWN WARD | _{at (} 386 | 668-3376 |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| Enclosed please find a check made payable | | - |
| ■ \$25 Filing Fee | □ \$ | 55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: | | MAILING ADDRESS: |

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FILED

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SECRETARY OF STATE
FALL AHASSEE, FLORIDA

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 of State is: TRINITY ACCOUNTING S | it appears on the records of the Florida Department SOLUTIONS, LLC |
|---|---|
| Of State 15. | |
| 2. This limited liability company was organized FLORIDA | l under the laws of: |
| 3. The Florida document/registration number of L07000008189 | f this limited liability company is: |
| 4. I, TIMOTHY J WARD (Print Name of Person Resigning) (TEIMO | , hereby resign as a MANAGER |
| | οωτερ (Print Title) e limited liability company has been notified of my |
| Signature of Resigning Member, Managing M | 1ember or Manager |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | |