

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: MILAM HOWARD, ET.AL. Account Name

Account Number : I20000000206

: (904)357-3660 Phone

Fax Number

: (904) 357-3662

# REGISTERED AGENT RESIGNATION

### TRIUMPH AUTOMOTIVE GROUP, LLC

Certificate of Status	0
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#### **COVER LETTER**

H090001603863

TO: Amendment Section Division of Corporations

SUBJECT: Triumph Automotive Group, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L07000022138
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
G. Alan Howard
Name of Person
Milam Howard Nicandri Dees & Gillam, P.A.
Name of Firm/Company
14 East Bay Street
Address
Jacksonville, Florida 32202
City/State and Zip Code
samsapa@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
G. Alan Howard at ( 904 ) 357-3660
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### **MAILING ADDRESS:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H090001603863

### H090001603863

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	on 608.416(2) or 608.509, Florida Statutes, the ur	idersigned,
	ndri Deas & Gillam, P.A., hereby n	esigns as
Name of F	Legistered Agent	
Registered Agent for	Triumph Automotive Group, LLC	
	Name of Limited Liability Company	
L07000022138	<b>.</b>	
Document Number, if know	own	
	iled to the above listed limited liability company a office discontinued on the 31st day after the date of	
ر می	Signature of Resigning Agent	≥4 •
If signing on behalf of an entity:	• •	
	G. Alan Howard	AAA - 9
	Typed or Printed Name	m~ <u> </u>
	President	T9 3 M
	Capacity	20 S C
		27 F

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314