

LO 7000028726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

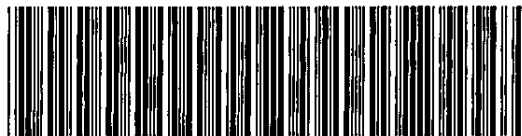
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400096923164

04/16/07--01061--013 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR 16 AM 11:12

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trinity Pacific, 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:

L'ouverture O. Ellis  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 17385  
(Address)

Little Rock, AR 72222  
(City/State and Zip Code)

For further information concerning this matter, please call:

L'ouverture Ellis at ( 501 ) 366-0732  
(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

☒ \$55 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR 16 AM 11:14



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 of State is: Trinity Pacific, LLC

2. This limited liability company was organized under the laws of:  
sec. 608.406 (2), F.S.

3. The Florida document/registration number of this limited liability company is:  
L07000028726

4. I, L'ouverture O. Ellis, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 APR 16 AM 11:14