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(Requestor's Name)

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TALLAHASSEE, FLORIDA

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**BECKER &  
POLIAKOFF**

Keith E. Broll, Esq.  
Senior Attorney  
Phone: (904) 423-5372 Fax: (904) 239-5938  
kbroll@bplegal.com

100 Whetstone Place, Suite 302  
St. Augustine, Florida 32086

August 19, 2016

**VIA FIRST CLASS MAIL**

Florida Department of State  
ATTN: Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: Resignation of Registered Agent for Trident Capital, LLC**

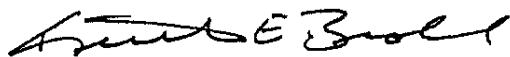
Dear Sir or Madam:

Enclosed is the cover letter, Statement of Resignation of Registered Agent for a Limited Liability Company and this firm's check number 28420 in the amount of \$85.00. Please remove me as registered agent for Trident Capital, LLC.

Please note that I have contacted Peter Sicilian, Manager of Trident Capital, LLC, and notified him on multiple occasions that they have wrongly listed me as registered agent without my authorization; however, Mr. Sicilian has refused to file the change with the Florida Department of State.

Thank you for your help in this regard.

Sincerely,



Keith E. Broll

KEB1/sjt

Enclosures  
ACTIVE: 8878763\_1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trident Captial, LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000042486

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:

Keith E. Broll, Esquire

\_\_\_\_\_  
Name of Person

Becker & Poliakoff, P.A.

\_\_\_\_\_  
Name of Firm/Company

100 Whetstone Place, Suite 302

\_\_\_\_\_  
Address

St. Augustine, FL 32086

\_\_\_\_\_  
City/State and Zip Code

kbroll@bplegal.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith E. Broll, Esquire

\_\_\_\_\_  
Name of Person

at ( 904 ) 423-5372

\_\_\_\_\_  
Area Code Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

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

### STREET ADDRESS:

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Keith E. Broll, Esquire

, hereby resigns as

Name of Registered Agent

Registered Agent for Trident Capital, LLC

Name of Limited Liability Company

L07000042486

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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16 AUG 22 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 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