L07000054570

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



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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

OCT 2 4 2008

EXAMINER

COVER LETTER

| Division of Corporations | r |
|--|--|
| SUBJECT: Triangle Al (Name of Limited) | ternative Networth Liability Company) |
| The enclosed member, managing member or mafiling. | |
| Please return all correspondence concerning this wince well as (Contact Person) | ·dita = 3 |
| Bridgeport Enter | 5. 5. |
| 2113 A Gulf B | lvd. |
| Indian Rocko B (City/State and Zip Code) | each Fl. 33785 |
| For further information concerning this matter, | |
| (Name of Contact Person) | (727) 953-9778 (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: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |

CR2E079 (5/06)

Tallahassee, Florida 32301

TO:

Registration Section



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 ap of State is: Triangle Alternation | | nent —· |
|---|-----------------|--------------|
| 2. This limited liability company was organized und | er the laws of: | SECRETARY |
| 3. The Florida document/registration number of this L07000054570 | Gi | CORPORATIONS |
| 4. I, Richm Hizel (Print Name of Person Resigning) of this limited liability company and affirm the lim resignation in writing. | (Print Line) | — my |
| Signature of Resigning Member, Managing Memb | | |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | | |