

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLING PLATE

Account Number: I2007000020

Phone : (813) 435-3176

Fax Number

: (813)333-6358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC REGISTERED AGENT RESIGNATION TRINITY ENT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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MAY - 2 2013

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

| Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersig | med, | |
|--|-------------------------------|--|
| THE LAW OFFICES OF NICK SPRADLIN, PLLC hereby resigns | 20 | |
| Name of Registered Agent | | |
| Registered Agent for TRINITY ENT, LLC | | |
| | | |
| Name of Limited Liability Company | | |
| L07000105896 | | |
| Document Number, if known | | |
| A copy of this resignation was mailed to the above listed limited liability company at its la | ist known address. | |
| The agency is terminated and the office discontinued on the 31st day after the date on whi | ch this statement is filed. | |
| 21. | 20 5A | |
| Signature of Resigning Agent | 2013 8 SECH SECH | |
| If signing on behalf of an entity; | NAY -1 | |
| NICKOLAS J. SPRADLIN, ESQ. | SSS - T | |
| Typed or Printed Name | TA R | |
| CEO | | |
| Capacity | | |
| | | |
| | | |
| FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolve | ionalyad/ | |
| withdrawn limited liability company | | |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

INHS17 (08/05)