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(Re	equestor's Name)	
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08 JUL -1 AM ID: 42
SECHETARY OF STATE
SECHETARY OF STATE

M. THOMAS

JUL - 2 2nna

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Trinity Alli Gate (Name of Limited)	Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Lior Hasm (Contact Person)	
LG Restaurant Gr	op
2165 Sunnydate B	Ivd, sente I
Olearwaw, PC 3370 (City/State and Zip Code)	-5
For further information concerning this matter,	please call:
Liok Hason at (Name of Contact Person)	(727) 641-4058 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	se Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
ZUUT EXECUTIVE CEITEI CITCIE	rananassee, rionna 52514

CR2E079 (5/06)

Tallahassee, Florida 32301



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 approf State is: Trinity Alli (3 at a		ne Florida Department	
2. This limited liability company was organized unde	r the laws of:	SECHETARY	
3. The Florida document/registration number of this l L 9899931298 4. L 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	imited liability company	ID: 42	
(Print Name of Person Resigning)	nereby resign as a	(Print Title)	
of this limited liability company and affirm the limit resignation in writing.	ted liability company ha	s been notified of my	
Signature of Resigning Member, Managing Member	er or Manager		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)