

L08000063494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

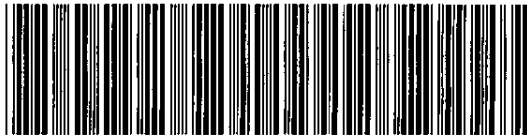
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tlews  
11-13-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRILLION DEVELOPMENT GROUP, L.L.C.  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L08000063494

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:

H. PAUL DOUGLAS

(Name of Person)

TRILLION DEVELOPMENT GROUP, L.L.C.  
(Name of Firm/Company)

9959 DOMINGO DRIVE

(Address)

BROOKSVILLE, FLORIDA 34601

(City/State and Zip Code)

For further information concerning this matter, please call:

H. PAUL DOUGLAS

(Name of Person)

at ( 352 ) 678-5800

(Area Code & Daytime Telephone Number)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

**H. PAUL DOUGLAS**

(Name of Registered Agent)

Registered Agent for **TRILLION DEVELOPMENT GROUP, L.L.C.**

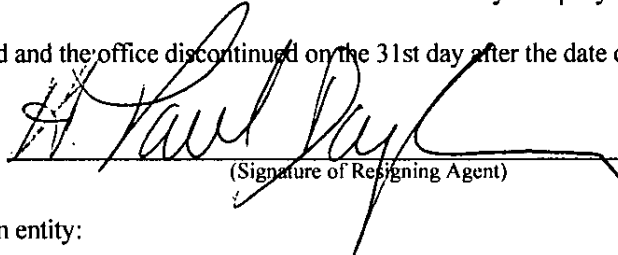
(Name of Limited Liability Company)

**L08000063494**

(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:

**H. PAUL DOUGLAS**

(Typed or Printed Name)

**MANAGING MEMBER**

(Capacity)

### 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

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TALLAHASSEE, FLORIDA