

LD80000895419

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EXAMINER



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05/08/09--01003--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY - 7 AM 11:20

**CHAPMAN, CHAPMAN & CHAPMAN, P.A.**

ATTORNEYS & COUNSELORS AT LAW  
1920 GOLF STREET  
SARASOTA, FLORIDA 34236

FORREST W. CHAPMAN (1893-1966)  
KENNETH D. CHAPMAN, SR.  
KENNETH D. CHAPMAN, JR.

TELEPHONE: 366-1600  
FACSIMILE: 366-1601  
AREA CODE: 941

May 1, 2009

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

Re: Tricubed, LLC

To Whom It May Concern:

Enclosed please find Resignation of Jon Anthony Astore, as Member and Manager of Tricubed, LLC, together with a check in the sum of \$25.00 representing filing fee.

Also enclosed please find Articles of Amendment to Articles of Organization for Tricubed, LLC, together with a check in the sum of \$25.00 representing filing fee.

Please file same. Thank you.

Very truly yours,  
CHAPMAN, CHAPMAN & CHAPMAN, P.A.

A handwritten signature in black ink, appearing to read "Denise J. DeNitto", is written over the typed name.

Denise J. DeNitto, Paralegal

Enclosures

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY -7 AM 11:20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRICUBED, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kenneth D. Chapman, Jr.

(Contact Person)

Chapman, Chapman & Chapman, P.A.

(Firm/Company)

1920 Golf Street

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth D. Chapman, Jr.

(Name of Contact Person)

at ( 941 )

366-1600

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

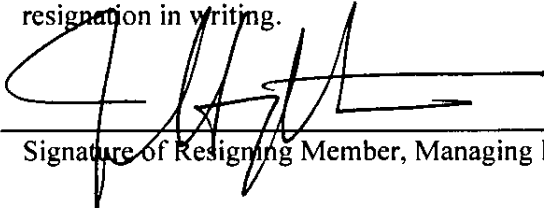
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRICUBED, LLC

2. This limited liability company was organized under the laws of:  
State of Florida

3. The Florida document/registration number of this limited liability company is:  
L08000089549

4. I, Jon Anthony Astore, hereby resign as a Member and Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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