

L69 000023020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

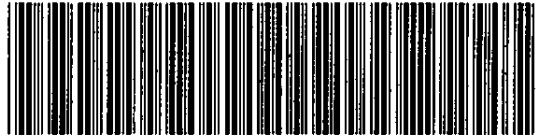
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 31 AM 11 25

T. HAMPTON

APR - 1 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIPLE OAH CONSTRUCTION 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:

MICHAEL O' BREIN  
(Contact Person)

TRIPLE OAH CONSTRUCTION LLC  
(Firm/Company)

4636 SE 9th PL, Suite B  
(Address)

GAINESBORO FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

SONATHAN DUFFY at (239) 462-4156  
(Name of Contact Person) (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

RECEIVED

10 MAR 31 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 17, 2010

JONATHAN DUFFY  
ELITE CHOICE HOMES INC  
4636 SE 9TH PL - STE B  
CAPE CORAL, FL 33904

SUBJECT: TRIPLE OAK CONSTRUCTION LLC  
Ref. Number: L09000023020

We have received your document for TRIPLE OAK CONSTRUCTION LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 810A00006589



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: TRIME OAH construction LLC

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

3. The Florida document/registration number of this limited liability company is:  
609000023020

4. I, JONATHAN DUPP, hereby resign as a MGR  
(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]  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
10 MAR 31 AM 10:25  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS