

L41000125852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

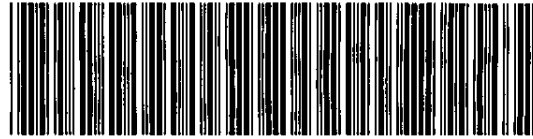
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13 NOV -4 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Busch NOV 5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAD RESTORATION SERVICES, 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:

TIMOTHY M. HOLLAND

(Contact Person)

(Firm/Company)

6774 Magnolia Homes Road

(Address)

Orlando, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY M. HOLLAND at 407 694-8607

(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

October 18, 2013

TIMOTHY M. HOLLAND
6774 MMAGNOLIA HOMES ROAD
ORLANDO, FL 32810

SUBJECT: TRIAD RESTORATION SERVICES LLC
Ref. Number: L11000125852

We have received your document for TRIAD RESTORATION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person resigning and the person signing the resignation document must be the same.

Please return 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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 713A00024425



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
13 NOV -4 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TRIAD RESTORATION SERVICES, 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:
L11000125852.

4. I, TIMOTHY M. HOLLAND, hereby resign as a Vice President
(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)