## UAR00055586

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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05/29/12--01015--003 \*\*25.00



D. BRUCE

MAY 3 0 2012

EXAMINE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TRIDENT TRUCK (Name of Limited)	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
FRANK BOU (Contact Person)	
TRIDENT TRUCKING LLC (Firm/Company)	
TRIDENT TRUCKING LLC (Firm/Company)  Y402 SW 51 ST (Address)	12 HA)  SECRE ALLAH
(Address)	IAF ASS
Davie F/ 33314	HAY 29 EM 2: 50 CRETARY OF STATE AHASSEE, FLORIDA please call:
(City/State and Zip Code)	LOR STA
For further information concerning this matter, p	please call:
(Name of Contact Person) at	(984) 520-4347 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for: \$55 Filing Fee &
·	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
	•

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 lin	nited liability compan			ds of the	: Florida Dep	artmer 	nt
2. This limited liability	y company was organ		er the laws of:		20		
3. The Florida docum		er of this	limited liability c	ompany	is: LLAHASSE	12 MAY 29	
	e of Person Resigning) ity company and affir				(Print Litte)	₽ ? ?	
Signature of Resign	njng Member, Managi	ing Memb	er or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						