

L12000058450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

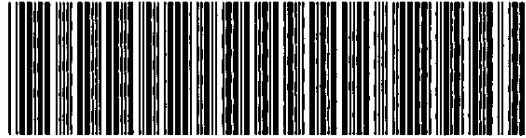
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TALLAHASSEE FLORIDA

APR 29 2015
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIGILS LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000058450

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:

XIOMARA LEE

Name of Person

2380 SW 80 CT

Name of Firm/Company

MIAMI, FL 3355

Address

City/State and Zip Code

XIOLEE@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA LEE

at (305) 2622323

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

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2015 APR 20 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

XIOMARA LEE

, hereby resigns as

Name of Registered Agent

Registered Agent for TRIGILS LLC

TRIGILS LLC

Name of Limited Liability Company

L12000058450

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.

Xiomara Lee
Signature of Resigning Agent

If signing on behalf of an entity:

Trigils LLC
Typed or Printed Name
Registered agent
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withdrawn limited liability company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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2015 APR 20 PM 3:50
TALLAHASSEE FLORIDA