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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H120002400073))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : GREENSPOON MARDER, P.A. Account Number: 076064003722 : (888)491-1120 Phone Fax Number : (954)343-6962 **Enter the email address for this business entity to be used for Mulir annual report mailings. Enter only one email address please. LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRILOGY COMMUNICATIONS, LLC-Certificate of Status Certified Copy 01 Page Count Estimated Charge T. CLINE

Electronic Filing Menu Corporate Filing Menu

Division of Corporations

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

I. The name of the loof State is: TRI	imited liability company as	it appears on the records o	of the Florida Depatified	DCT -2
2. This limited liabit FLORIDA	lity company was organized	l under the laws of:	FLORID,	M 8 17
3. The Florida docu L12000093	ment/registration number o 441	f this limited liability comp	oany is:	
of this limited liab resignation in write	ility company and affirm th	-	·	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		•	

CR2E079 (5/06)