

L12000/18682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FEB 25 2013

B. KOHR



300244563003

02/21/13--01015--029 **25.00

FILED
13 FEB 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 FEB 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TRIFECTOR MANAGEMENT LLC**
(Name of Limited Liability Company)

FILED
13 FEB 21 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Allan Marples

(Contact Person)

TRIFECTOR MANAGEMENT LLC

(Firm/Company)

715 BLOOM STREET

(Address)

CELEBRATION FL 34747

(City/State and Zip Code)

For further information concerning this matter, please call:

Allan Marples

(Name of Contact Person)

at **407 566-8733**

(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

FILED
13 FEB 21 AM 8:55
SEC. OF STATE
TALLAHASSEE, FLORIDA

**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: TRIFECTOR MANAGEMENT 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:
L12000118682

4. I, KAVANAGH, RENEE, hereby resign as a MANAGER
(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)