## 45000028906

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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SECRETARY OF STATE

MILABASSEE FLOEDA

K. SALY MAY 1 0 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Thiumph Appraisa Group LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Maria Gifilan (Contact Person)
The TRIUMPHAPPRAISON Grouplus
112 Oakley Court
Longwood, Fl. 32779 (City/State and Zip Code)
For further information concerning this matter, please call:
Maria Gilfilan at (407) 766-8127 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the l	limited liability company as it appears on the records of the Florida Department
of State is: Th	etriumf# Appraisai Group LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1500	0028906
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 4-10-2018
	me of Person Resigning), hereby withdraw/resign as a
Manag	Print Title)
of this limited liab resignation in writ	oility company and affirm the limited liability company has been notified of my ting.
_ <del></del>	ssociating Member or Resigning Manager
2. <b>2</b>	
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)