## 15000039983

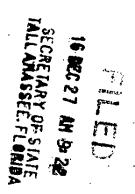
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	TIAW [	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TRINITY HOUSE, LLC		
(Name of Lir	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	iation and fee(	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Nick Parks		
(Contact Person)		_
TRINITY HOUSE, LLC		
(Firn/Company)		<del></del>
720 N C STREET		
(Address)		_
LAKE WORTH, FL 33460		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
NICK PARKS	617 _ at (	749-6724
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable t  \$25 Filing Fee		Department of State for: 3 Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	it appears on the records of the Florida Department
2. The Florida docu L1500003998	-	ssigned to this limited liability company is:
	-	igned or will withdraw/resign is: 9/20/2015
MGR	ame of Person Resigning)  Print Title)	, hereby withdraw/resign as a
	oility company and affirm th	e limited liability company has been notified of my
	The state of the s	
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: / Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	•.