

**L16000065291**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

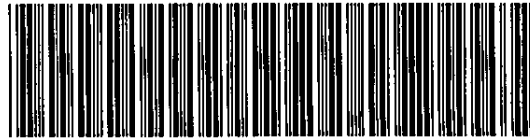
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**D. SCOTT**

**NOV 29 2016**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tri-County Hydraulics, 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:

Richard G Warner

(Contact Person)

Tri-County Hydraulics, LLC

(Firm/Company)

1980 SW Clevel Road

(Address)

*Mailing Address*

*PO Box 3328 Arcadia FL*

*34265*

Arcadia, Florida 34265

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard G Warner

(Name of Contact Person)

at ( 863- ) 444-3760

(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

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TALLAHASSEE, FLORIDA



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tri-County Hydraulics, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000065291

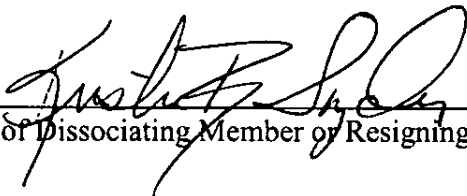
3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 15, 201

4. I, Kristie L Snyder, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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