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COVER LETTER

TO:		stration Section		
	Divis	sion of Corporations		
SUBJ	JECT:	Holy Trinity Centers LLC		
		(Name of I	Limited Liability Co	ompany)
The e	nclosed	d member, resignation or diss	ociation and fee((s) are submitted for filing.
Please	e returr	all correspondence concerni	ng this matter to	:
Christ	topher Je	crome		
-		(Contact Person)	_	_
Holy '	Trinity C	Centers LLC		
		(Firm/Company)		_
5598	Pebble E	Brook Ln		
		(Address)		_
Boynt	ton Beac	h, FL, 33472		
		(City/State and Zip Code)		
For fu	urther i	nformation concerning this m	atter, please call	:
Christ	topher Je	erome	561 at (, 7137173
	(N	lame of Contact Person)	(Area Cod	le & Daytime Telephone Number)
	-	ease find a check made payab		,
= \$2	5 Filin	g Fee	□ \$55 Filir	ng Fee & Certified Copy
		ng Address:		Street Address:
	•	stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
	. 4116	manage of the second of the se		Tallahassee, FL 32303



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 Trinity Centers LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L22000410247	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
Charmaine M Ie	
(Print N	ame of Person Resigning)
Title MGR	
	(Print Title)
of this limited lial resignation in wr	oility company and affirm the limited liability company has been notified of my string.
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)