

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L990000005580

*Tricon Financial Services,
L.L.C.*

900003464319--8
-11/15/00--01055--017
2102.50 **25.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

____ Art of Inc. File
____ LTD Partnership File
____ Foreign Corp. File
____ L.C. File
____ Fictitious Name File
____ Trade/Service Mark
____ Merger File
____ Art. of Amend. File
✓ ____ RA Resignation
____ Dissolution / Withdrawal
____ Annual Report / Reinstatement
____ Cert. Copy
____ Photo Copy
____ Certificate of Good Standing
____ Certificate of Status
____ Certificate of Fictitious Name
____ Corp Record Search
____ Officer Search
____ Fictitious Search
____ Fictitious Owner Search
____ Vehicle Search
____ Driving Record
____ UCC 1 or 3 File
____ UCC 11 Search
____ UCC 11 Retrieval
____ Courier

DIVISION OF CORPORATION

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RECEIVED

Signature _____

Requested by: *NR*

Name _____

Date *11/15*

Time *11:00*

Walk-In _____

Will Pick Up _____

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Of Capital Connection, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for Tricon Financial Services, L.L.C.
(Name of Limited Liability Company)

A copy of this resignation was mailed to the above listed limited liability company at its last known address,

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez for Capital Connection, Inc.
(Typed or printed name)

Registered Agent Coordinator
(Capacity)

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TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active Limited Liability Company
\$ 25.00 Dissolved Limited Liability Company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314