BOP COUNTY

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COVER LETTER

TO: Registration Division of	Section Corporations				
TRIDE	NT-VBC L.L.C.				
	(Name of Fo	reign Limited Liabil	ity Company)		_
Dear Sir or Madam:					
The enclosed withdra	awal and fee(s) are submitte	d for filing.			
Please return all corr	espondence concerning this	matter to the follow	ring:		
Michele C. Walker					
	(Name of Person)				
c/o Soave Enterprise	es L.L.C.				5
	(Firm/Company)		_		1 933
3400 E. Lafayette				7.4 mg 11 mg mm (10 mg	7 FN
	(Address)				رن تن
Detroit, MI 48207		`			70
	(City/State and Zip Coo	le)			
For further informati	on concerning this matter, p	please call:			
Michele C. Walker		313	567-7000 (ext. 235)		
(N	ame of Person)	at (at (Area Cod	le & Daytime Telephone Nun	nber)	_
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			
Enclosed is a check	for the following amount:				
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy	& 🖸 \$60 Filing Fee, Certificate of Stat Certified Copy	tus &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TRIDENT-VB	C.L.L.C.	
	(Name of limited liability company)	
Michigan		
	(Jurisdiction of its organization)	
August 21, 200	l	
	(Date registered with Florida Department of State)	
M01000001902		
	(Florida Document Number)	
This limited l	iability company is withdrawing its certificate of authority in this	state.
	Middle C. Walker	**************************************
	(Signature of authorized representative)	图 图 卫
	Michele C. Walker	7 5
	(Typed or printed name of signee)	7 PM 5: 04

Filing Fee: \$25.00