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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRION ENTERPRISE LLC (Name of Foreign Limited Liability Company)
(Name of Foreign Emmed Elability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaqueline yafa (Name of Person)
Tridon Enteron Se LLC (Firm/Company)
1172 5 Dixie Hury 4502
Conal bables FL 33146 (City/State and Zip Code)
For further information concerning this matter, please call:
Jacqueline Vafa at 32 4385683 (Area Code & Daytime Telephone Number)
(Area Code & Daytille Telephone (Validet)
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
25 Filing Fee \$\ \tag{\$55}\$ Filing Fee \$\ \tag{\$55}\$ Filing Fee \$\ \tag{\$55}\$ Certificate of Status \$\tag{\$Certificate of Status \$\tag{\$Certified Copy}\$}\$

- *-APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Tridon Enterprise LLC (Name of limited liability company)
Delaware (Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1172 S DIXIE HWY #502 (Mailing address) J #502
Coval Gables FL 33146 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Tagueline Gafa (Typed or printed name of signee) All Masser Section 19 19 19 19 19 19 19 19 19 19 19 19 19
(Signature of member or authorized representative of a member)

Filing Fee: \$25.00