N07000001356

(Re	equestor's Name)	
(Ad	dress)	·····
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
<u> </u>		
Special Instructions to	Filing Officer:	
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BIO JAN -7 PMI2: IC

8ff. Resign.

JAN 1 1 2010

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Trinity PPAL Inc. (Name of Corporation)			
DOCUMENT NUMBER: No.7ababa/354			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
Robby De Hart (Name of Person)			
Trinity PPAL Inc. (Name of Firm/Company)			
P. D. Box 115 (Address)			
Trinity, FL 34656 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Robby DeHort at (727) 5/7-5608 (Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_____, hereby resign as_

(Name of Corporation)

I. Chris Housholder

Florida

NO7000001356

(Document Number, if known)

2010 JAN TED

ALLAHASSE OF ST. 10 Officer/Director (Title) _____, a corporation organized under the laws of the State of

 -	CAL M	
_	(M) / /Ord	
	(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314