## N0700001356

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600164033906

01/07/10--01015--020 \*\*105.00

BLOKE FARY OF STAIL

off. Resign.

TB JAN 1 1 2010

## **COVER LETTER**

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 Se 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

CR2E044(08/05)

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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PALLAHASSEFORS LAND I, Shannon Housholder , hereby resign as Officer/Director Trinity PPAL (Name of Corporation) N07000001356 \_\_\_\_, a corporation organized under the laws of the State of (Document Number, if known) Florida

## 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