

**A08000006500**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2010 FEB -2 AM 9:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

*off. Resign.*

**TB**

**FEB - 3 2010**

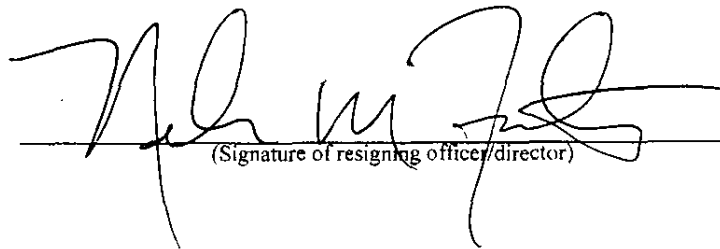
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
2010 FEB -2 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Nelson M. Fuentes, hereby resign as Director  
(Title)

of Triangle Recovery United, Inc.,  
(Name of Corporation)

N08000006500, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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