## Po1000023064

TRINITY ASSOCIATES,  1039 TOSKI DR  34655  (Address)	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## TRINITY ASSOCIATES, INC 1039 TOSKI DRIVE TRINITY FL 34655

Florida Division of Corporations Box 6327 Tallahassee, FL 32314

Dear Division of Corporations:

Please dissolve my corporation. I have enclosed a completed "Articles of Dissolution" form and a check for \$43.75 to cover the \$35.00 for the filing fee and the \$8.75 for a certified copy of the dissolution.

If you have questions or need further information, you may contact me at the above address or call me at 727-376-8399.

Sincerely,

Robert E. Buhlmann Chief Executive Officer

## ARTICLES OF DISSOLUTION

	Fig. 5
Pursuant to 60 articles of diss	7.1401, Florida Statutes, this Florida profit corporation submits the following olution:
FIRST: T	The name of the corporation is:  TRINITY ASSOCIATES INC.
	The filing date of the articles of incorporation was: MARCH 31, 2003
THIRD: (CI	HECK ONE)
	None of the corporation's shares have been issued.
	☐ The corporation has not commenced business.
FOURTH: N	lo debt of the corporation remains unpaid.
	he net assets of the corporation remaining after winding up have been distributed the shareholders, if shares were issued.
SIXTH: A	doption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Signe	this 31 St day of March, 2003
Signature _	Robert Established CEO  (By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)
	ROBERT E BUHLMANN (Typed or printed name)
	CHIEF EXECUTIVE OFFICER