P0400018642

(R	equestor's Name)			
(Address)				
(Address)				
(C	ity/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

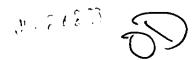


300081195023

11/13/06--01003--005 **10.00

10/26/06--01016--002 **25.00





COVER LETTER

Division of Corporations
SUBJECT: TRINITY OF JACK JONVILL, INC. PO 4000 18642
DOCUMENT NUMBER: 10 4000 18642
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mr. Tom (Name of Person)
Trinity of Jack 10 Nville, INC.
233 E BAI ST. # 920 (Address)
Jack Jonville Florida 32202 (City/State and Zip Code)
For further information concerning this matter, please call:
Tom Rowano at (904) 962 - 2454 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



October 27, 2006

TOM ROWAND 233 E BAY ST #920 JACKSONVILLE, FL 32202

SUBJECT: TRINITY OF JACKSONVILLE, INC.

Ref. Number: P04000018642

We have received your document for TRINITY OF JACKSONVILLE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

There is a fee of \$10.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 406A00063948

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Curtis 18	A CTORN , hereby	resign as President		
		(Title	(Title)	
ofTrinity of Jacksonvill	e, Inc. (Name of Corporation)			
	(Name of Corporation)			
(Document Number, if kn	, a corporation org	anized under the laws of the S	State of	
Florida	,			
	(Signature of resigning of		FILED 06 NOV 13 PM 3: 5 SECRETARY OF STATIALLAHASSEE FLORID	
	FILING FEE IS \$3	5.00	55 DA	

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

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