

P04000053941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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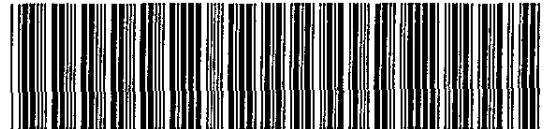
(Business Entity Name)

(Document Number)

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**MARK S. ROMAN, P.A.**

Personal Injury Law

Clearwater-Palm Harbor 727-725-7661 Tarpon Springs 727-939-2231 New Port Richey-Hudson 727-815-8442

MARK S. ROMAN, ESQUIRE

MORGAN L. GAYNOR, ESQUIRE

December 2, 2004

Division of Corporations      SENT VIA CERTIFIED MAIL  
PO Box 6327  
Tallahassee, FL 32314

RE:    Resignation of Registered Agent  
      Trinity Café & Catering, Inc.  
      Document Number: P04000053941

Dear Sir or Madam:

Please find enclosed a check in the amount of \$87.50, along with the original Resignation of Registered Agent for a Corporation relative to Trinity Café & Catering, Inc.

Please remove my name as registered agent. Thank you.

Sincerely,

MARK S. ROMAN, P.A.

Mark S. Roman  
MSR/clr  
Enclosure



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 9, 2004

Mark S. Roman, Esquire  
2360 Congress Avenue  
Clearwater, FL 33763

SUBJECT: TRINITY CAFE & CATERING, INC.  
Ref. Number: P04000053941

We have received your document for TRINITY CAFE & CATERING, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 804A00069003

12/16/04

Please see attached check -

Thank you -

M S Roman PA

727 725 7661

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Phone: (904) 498-2000

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Mark S. Roman

(Name of Registered Agent)

hereby resigns as Registered Agent for Trinity Cafe & Catering

(Name of Corporation)

N/A

904000053941

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

MARK S. Roman

(Typed or Printed Name)

Resigning Registered Agent

(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 DEC 23 PM 3:29

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**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314