P04000977979

(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
,
PICK-UP WAIT MAIL
(Business Entity Name)
· (Document Number)
Certified Copies Certificates of Status
Octuned copies
Special Instructions to Filing Officer:

Office Use Only



700161693137

10/19/09--01016--005 **35.00

O9OCT 19 PM 12: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Trinity Project Monogement Gap Inc. (Name of Corporation) (Name of Corporation)
DOCUMENT NUMBER: ()4000097979
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Roman Albano (Name of Person)
Contractors Reporting Service
13795 N. Nebraska Avenue
Tampa FL 33624 (City/State and Zip Code)
For further information concerning this matter, please call:
Roman Alband at (8/3) 933-5244 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $00.0502(2)$, $017.0502(2)$, 007.1509 , or 017.1509 ,
Florida Statutes, the undersigned, (Name of Registered Agent)
hereby resigns as Registered Agent for Minity Project Management Group
PO4D00097979 (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:
Roman Albano Contractors Reporting Service (Typed or Printed Name)
SECRETARY (Capacity) (Capacity) (Capacity)
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation