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Division of Corporations

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From:

Account Name

: PHILIP S. KAPROW, P.A.

Account Number : 120070000102

Phone

: (407)971-8460

Fax Number

: (407)971-8461

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TRITRUST MANAGEMENT, INC.

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H07000253868 3

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TRITRUST MANAGE	EMENT, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P070	00010463
The enclosed Officer/Director Resignation	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
PHILIP S. KAPROW	
(Name of Perso	n)
PHILIP S. KAPROW, P.A.	
(Name of Firm/Con	ipany)
P.O. BOX 195516	
(Address)	
WINTER SPRINGS, FL 32719-5	516
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
PHILIP S. KAPROW	at (407) 971-8460
(Name of Person)	at (407) 971-8460 (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	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR213044(08/05)

H07000253868 3

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PHILIP S. KAPROW	, hereby resign as SD (Title)
of TRITRUST MANAGEM	IENT, INC.
D0700040404	(Name of Corporation)
P07000010463 (Document Number, if know	, a corporation organized under the laws of the State of
FLORIDA	72 Con
	9. A
W.	4 AG

(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

H07000253868 3