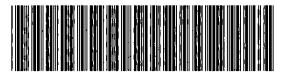
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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CRETARY OF STATE AHASSEE. FLORIDA

Of 19

COVER LETTER

Division of Corporations
SUBJECT: TRIADA Inc (Name of Corporation)
DOCUMENT NUMBER: P0700096618
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GILIL GALILOV (Name of Person)
Name of Firm/Company)
21391 MARINA COVE CIR., #KI7
AJENTURA FL 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
TRINA GALILOVA at (305) 788-4996 (Name of Person) at (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GENRIKH KARAK	4 A W, hereby resign as_	PRE SidENT
		(Title)
of Triada 140.	Corporation)	,
P070000.96618 (Document Number, if known)	·	nder the laws of the State of
FLORIDA		

(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEF FI OBIO

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