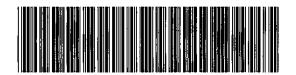
P10000004548

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

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: TRIMINO ENTERPRISES INC.
	(Name of Corporation)
DOG	CUMENT NUMBER: P10000004548
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
RO	BERT TRIMINO
-	(Name of Person)
TR	IMINO ENTERPRISES INC.
	(Name of Firm/Company)
611	I W. MOWRY DR.
	(Address)
но	MESTEAD, FL. 33030
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
RO	A SERT TRIMINO at (305) 248-0017 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifte 2661	et Address: Indiment Section Sion of Corporations On Building Executive Center Circle Wailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ROBERT TRIMINO	, hereby resign as VICE PRESIDENT	
	(Title)	
of TRIMINO ENTERPRISES INC	C .	
	e of Corporation)	
P10000004548	, a corporation organized under the laws of the State of	
(Document Number, if known)	, a corporation organized under the laws of the state of	
FLORIDA		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

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