

P120000020944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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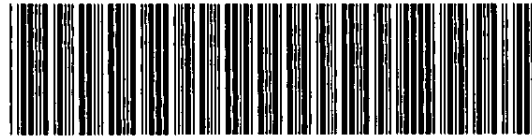
(Business Entity Name)

(Document Number)

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2012 MAY 15 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Res.

MAY 18 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIGENRX, INC

(Name of Corporation)

DOCUMENT NUMBER: P12000020944

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM D NEAL

(Name of Person)

TRIGENRX, INC

(Name of Firm/Company)

10356 HAINES CANYON AVE.

(Address)

TUJUNGA, CA 91042

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM NEAL

(Name of Person)

at (661) 993-1867

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
2012 MAY 15 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, WILLIAM D NEAL, hereby resign as P, T, D (PRES, TREAS, DIR
(Title)

of TRIGENRX, INC
(Name of Corporation)

P12000020944, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)
5-11-12

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