

PI5000058272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

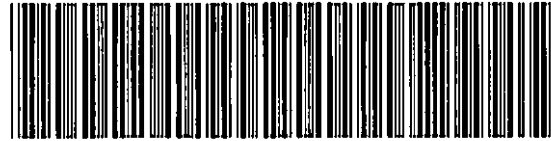
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRILINK TECHNOLOGY CORPORATION
Name of Limited Liability Company

DOCUMENT NUMBER: P15000058272

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BEATRIZ H. BUITRAGO
Name of Person

TRILINK TECHNOLOGY CORPORATION
Name of Firm/Company

PO. BOX 614071
Address

NORTH MIAMI, FL 33261
City/State and Zip Code

beitabg7267@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEATRIZ BUITRAGO at (786) 302-1081
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

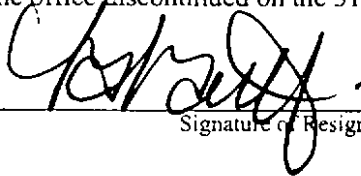
BEATRIZ H. BUTRAGO hereby resigns as
Name of Registered Agent

Registered Agent for TRIUNK TECHNOLOGY CORPORATION
Name of Limited Liability Company

P15000058272
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

BEATRIZ H. BUTRAGO
Typed or Printed Name
VP
Capacity

9 PM 1:10
FILE

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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