P16000050758

(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:		

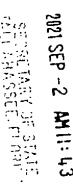
Office Use Only



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resignation
03 officer

09/02/21--01017--012 **35.0



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TRANSMITTAL LETTER

Division of Corporations	
Triple Elle Corp SUBJECT:	
()	lame of Corporation)
DOCUMENT NUMBER: P16000050758	
The enclosed Officer/Director Resignation for	a Corporation and fee are submitted for filing
Please return all correspondence concerning th	nis matter to the following:
Carolyn Kahl	
(Name of Person)	
Roca Gonzalez PA Registered Agent Corp	
(Name of Firm/Company)	
3370 Mary Street	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
Carolyn Kahl	305 859-6050
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable t	to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Amendment Section

FILED

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OFFICER / DIRECTOR RESIGNATION OFFICER / DI

Christina Schoelzel	, hereby re	President, hereby resign as	
		(Title)	
Triple Elle Corp			
·	(Name of Corporation)		
16000050758 (Document Number, if know	, a corporation organ	nized under the laws of the State of	
Florida			
	Ministrica /h	no lul	
	(Signature of resigning off	icer/director)	
	August 26	HL 2021	

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