723000004581

<u> </u>			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

TRI-PARTNERS GROUP, INC SUBJECT:		
	(Name of Corporation)	
DOCUMENT NUMBER: P23000004581		
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerni	ng this matter to the following:	
YOMARA TEJADA		
(Name of Person)		
TRI-PARTNERS GROUP, INC		
(Name of Firm/Company)	
6202 NW 115th Place #331		
(Address)		
Doral, FL 33178		
(City/State and Zip Code)	
For further information concerning this m	atter, please call:	
Eliecer Galindez	at (424 391-0785 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

YOMARA TEJADA I.	VP , hereby resign as	
··		(Title)
TRI-PARTNERS GROUP, INC		
	Name of Corporation)	
P23000004581	, a corporation organized under the la	nws of the State of
(Document Number, if known)		
FLORIDA		
	 ·	

(Signature of resigning officer/director)

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