

PO 2006022773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

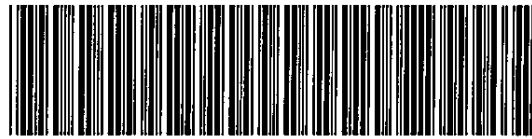
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY - 7 AM 7:28

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TACM III, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000022773

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

Please return all correspondence concerning this matter to the following:

ROBIN L. SQUILLANTE
(Name of Person)

TACM III, INC
(Name of Firm/Company)

1353 UNTER AVENUE NW
(Address)

PALM BAY, FL 32907
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN L. SQUILLANTE at (321) 952-1548
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

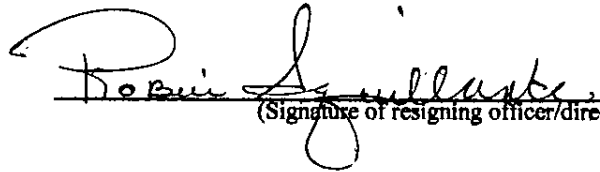
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07 MAY -7 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBIN L. SQUILLANTE, hereby resign as PRESIDENT & TREASURER
DIRECTOR,
(Title)

of TACM III, INC.
(Name of Corporation)

P02000022773, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

 5-1-07
(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

Florida Department of State (Official Seal)