(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

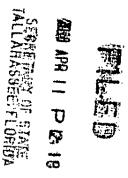


Office Use Only



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04/11/18--01019--023 **35.00



T LEMIEUX APR 1.8 2018



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: tca fences corp	
	Name of Corporation)
DOCUMENT NUMBER: P1800000534	46
The enclosed Officer/Director Resignation for	or a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOMINGUEZ ARRAEZ SALOME

(Name of Person)

(Name of Firm/Company)

11967 FIORE DR

(Address)

ORLANDO, FL, 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS YEGUEZ	_{at (} 407	3604346
(Name of Person)	(Area Cod	e & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable 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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, SALOME DOMING	SUEZ , hereb	y resign as VICE PRESIDENT
	,	(Title)
of TCA FENCES CO	RP.	,
(Nan	ne of Corporation)	
P18000005346	, a corporation or	ganized under the laws of the State of
(Document Number, if known)	•	
FLORIDA		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

