

NO7000008491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

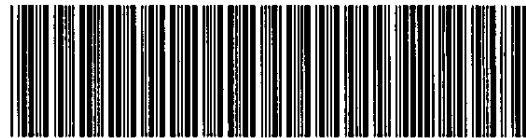
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263635999

09/22/14--01007--005 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 SEP 22 PM 12:52

C. Lewis  
9-29-14

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TSCHI INC

(Name of Corporation)

**DOCUMENT NUMBER:** N07000008491

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

Please return all correspondence concerning this matter to the following:

**Roberto Szerer**

(Name of Person)

(Name of Firm/Company)

**1160 Harbor Ct**

(Address)

**Hollywood FL 33019**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Ian D Silverman**

(Name of Person)

at **(305) 321-5952**

(Area Code & 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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 SEP 22 PM 12:52

I, Roberto Szerer, hereby resign as D  
(Title)

of TSCHI INC  
(Name of Corporation)

N07000008491, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

[Signature]  
(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