P000000/1525

(Requestor's Name)	
- EOLARD CHENCO	
10700 NN 6687 #1	'al o
MIANI, FL 33178	<u> </u>
V	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	

Office Use Only



100014316251

03/21/03--01037--024 **87.50

OS MAR 21 AM 9: 25

Cours, significant of the state of the state

ac 3/.

TRANSMITTAL LETTER

Division of Corporations			
SUBJECT: TM DISTRIBUTION GLOUP CORP (Name of Corporation)			
DOCUMENT NUMBER: POGGGGG 17525			
The enclosed Resignation of Registered Agent for a $\bar{\text{Co}}$ poration and fee are su	bmitted	I for filing.	
Please return all correspondence concerning this matter to the following:			
YU CHEN (Name of Person)			~
TM DISTRIBUTION GROUP CORP (Name of Firm/Company)		Ž5.	
8181 NW 36 ST #2609		CRETAR LAHASS	3 -
MIAMI, FL 33 66 (City/State and Zip Code)		Y OF S	
For further information concerning this matter, please call:		9: 25 NATE ORID	<u> </u>
MIKE CHAN at (805) 302-7041 (Area Code & Daytime Telephone	ne Numl	ber)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, FDWARD CHENG (Name of Registered Agent)
hereby resigns as Registered Agent for TM DISTRIBUTION GROUP CORP., (Name of Corporation)
PGOOGO 17525 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent) ARR 1 ARR 2 If signing on behalf of an entity:
(Typed or Printed Name) STATE
(Capacity)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314