P0200064490

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/11M

COVER LETTER

SUBJECT: TCB property management inc
(Name of Corporation)
DOCUMENT NUMBER: P02000064490
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DENISE CHACON
(Name of Person)
TCB PROPERTY MANAGEMENT INC
(Name of Firm/Company)
938 GROVE PARK DR N
(Address)
ORANGE PARK FLORIDA 32073
(City/State and Zip Code)
For further information concerning this matter, please call: COL 904 485-2755
ALFREDO CHACON at (home) 904 215 3219
ALFREDO CHACON at (home) 904 215 3219 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DENISE CHACON	, hereby resign as PRESIDE	ESIDENT	
~) 10100 / 100 / 100	(Title)	
of TCB PROPERTY MAN			
	(Name of Corporation)	,	
P02000064490 (Document Number, if know	, a corporation organized under the laws	of the State of	
FLORIDA	enire Chacon	FILED 09 MAY -1 AM 10: 04 SECIRLIARY OF STATE TALLAHASSEE, FLORID	
	(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