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(Re	equestor's Name)	
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05 SEP -9 AM 9:58

Officer Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TBarM, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P0300079519
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Alan M. Trosino
(Name of Person)
TBarM, Inc.
(Name of Firm/Company)
3903 71st Street E.
(Address)
Palmetto, FL 34221
(City/State and Zip Code)
For further information concerning this matter, please call:
Barbara M. Schobl at (863) 412-3454 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

OS SEP -9 AM 9:58

ALCAHASSEE, FLORIDA

L Alan M. Trosino	, hereby resign as Director
7	(Title)
of TBarM, Inc.	
(Name o	of Corporation)
(Document Number, if known)	_, a corporation organized under the laws of the State of
Florida	_•

(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