

P04000053447

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (866) 703-8828
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
TOMSA'S TILE & MARBLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 27 AM 9:14

FILED



January 26, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TOMSA'S TILE & MARBLE, INC.
6100 SW 58 CT
DAVIE, FL 33314

SUBJECT: TOMSA'S TILE & MARBLE, INC.
REF: P04000053447

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H10000017322
Letter Number: 910A00002110

#100000173223

**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, A1A REGISTERED AGENT INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for TOMSA'S TILE & MARBLE, INC.

(Name of Corporation)

P04000053447

(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)

If signing on behalf of an entity:

TINA MAKI

(Typed or Printed Name)

PRESIDENT

(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withdrawn corporation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

#100000173223

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA