PO4000003695

(Requestor's Name)		
(Address)		
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		}

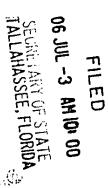
Office Use Only

DD/RES Mn.12,04



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COVER LETTER

SUBJECT: TSB VENTURES, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P04000063695</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DONA'LD: M. STEIN
(Name of Person)

KMA CAPITAL TRUST SERVICES, INC.
(Name of Firm/Company)

5575 BOOKLINE DR
(Address)

ORLANDO, FL 32819
(City/State and Zip Code)

For further information concerning this matter, please call:

DOWALD Mr. STEIN at (407) 370-4300 (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

I, CHARLES GIANNETTO, hereby re	sign as PRESIDENT (Title)
of TS:B DENTURES INC. (Name of Corporation)	
P0400063695 , a corporation organ (Document Number, if known)	nized under the laws of the State of
FLORIDA.	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314