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(Re	equestor's Name)		
(Address)			
(Ad	idress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
. (Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tomax Regity Inc. (Name of Corporation)
DOCUMENT NUMBER: #05000145 804 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Ada Sastriques. (Name of Person)
Tomax Realty In (Name of Firm/Company)
7270 NW 125T #730 (Address)
Miame, FL 33126. (City/State and Zip Code)
For further information concerning this matter, please call:
Ada Sastrifues at (305) 409-4201 (Name of Person) at (305) 409-4201 (Area Code & Daytime Telephone Number)

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

TO:

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State,

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Ala Sostriques	, hereby resign as	Presiden +.
of Torrix Reco	alty Inc.	,
H050001U580U3 Y (Document Number, if known)	Poscorporation organized un	der the laws of the State of
Florida		SECTION TALL
	AAF 6	SEP 13 ARETARYEE
	(Signature of resigning officer/direct	TE STATE OF

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

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