

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Fax Number : (305) 633-9696

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DIVISION OF CORPORATIONS
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
TMBMA CORP.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TMBMA CORP.
(Name of Corporation)

DOCUMENT NUMBER: TMBMA Corp - P11000042813

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silvia Villate
(Name of Person)

Silvia Villate
(Name of Firm/Company)

3309 NW 7th St
(Address)

Miami FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvia Villate at (305) 301-9989
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CA2704(01/05)

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**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, Silvia Villate
(Name of Registered Agent)

hereby resigns as Registered Agent for TMBMA Corp.
(Name of Corporation)

P11000042813
(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.

Silvia Villate
(Signature of Resigning Agent)

If signing on behalf of an entity:

Silvia Villate
(Typed or Printed Name)

Register Agent
(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

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