## P110000042813

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** TMBMA CORP. (Name of Corporation) P11000042813 **DOCUMENT NUMBER:** 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: ILEANA J. DELGADO (Name of Person) ALAN J. SHUMINER, P.A. (Name of Firm/Company) 1200 BRICKELL AVENUE (Address) MIAMI, FLORIDA 33131 (City/State and Zip Code) For further information concerning this matter, please call: 375-9510
Area Code & Daytime Telephone Number) ILEANA J. DELGADO

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Person)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ctions 607.0502(2), 617.0502(2), 607.1509, or 617	7.1.500
Florida Statutes, the undersigned	Alan J. Shuminer	7.1309 <sub>5</sub> 5
	(Name of Registered Agent)	<u> </u>
hereby resigns as Registered Age	ent for TMBMA CORP.  (Name of Corporation)	
	(Name of Corporation)	
P11000042813		
(Document Number, if known	)	
A copy of this resignation was n	nailed to the above listed corporation at its last known	own address.
The agency is terminated and the this statement is filed.  If signing on behalf of an entity:	(Signature of Resigning Agent)	on which
	(Typed or Printed Name)	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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