

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		-6 -11
	Division of Corporations	5 F T T T
	Fax Number : (850)617-6380	
From		•
	Account Name : HINES NORMAN HINES P.L. Account Number : I20000000107	<i>₹</i> ~2
	Phone : (813)251-8659	
	Fax Number : (813)254-6153	
State State	REGISTERED AGENT RESIGNATION TOMLINSON BROTHERS PLASTERING, INC.	
—————————————————————————————————————	Certificate of Status 0	<u> </u>
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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, Christopher H. Norman	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Tomlinson Brothers Plastering, In	c.
(Name of Corporation)	
P11000085073	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Chestoman	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Christopher H. Norman	
(Typed or Printed Name)	7.
Registered Agent	9 2
(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withdrawn corporation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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