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(Re	equestor's Name)	
(Ad	Idress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Control Control	C-48	of Classic
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

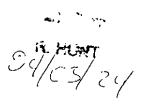
Office Use Only



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COVER LETTER

Division of Corporations	
TARRASA CORP SUBJECT:	_
(Name of Corporation)	
DOCUMENT NUMBER: P12000051224	-
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
DANIEL MARCET	
(Name of Person)	r ~2
TARRASA CORP	<u></u>
(Name of Firm/Company)	
495 BRICKELL AVE APT 3605	
(Address)	S E
MIAMI, FL 33131	PHIZ: 33
(City/State and Zip Code)	m ω
For further information concerning this matter, please call:	
DANIEL MARCET 786 301-1031 at ()	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ns 607.0503(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned,	CORPORATE MAINTENANCE SERVICES LLC	
,	(Name of Registered Agent)	
hereby resigns as Registered Agent	TARRASA CORP	
moreo, realigne as reagant to a game	(Name of Corporation)	
P12000051224		
(Document Number, if known)		•
A copy of this resignation was mai	led to the above listed corporation at its last know	wn address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date	on which
	-	2000 P
·	(Signature of Resigning Agent)	
If signing on behalf of an entity:		TAS TO THE
· Nic	(Typed or Printed Name)	PM 12: 33 OF STATE
ſ	loocea/	33 7E
	(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