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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LL

Account Number : I20160000067 Phone

: (407)370-3686

Fax Number

: (407)370-3120

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN TV DESCONTO INC

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TV DESCONTO INC

(Name of Corporation)

DOCUMENT NUMBER: P17000014474

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE LARSON

(Name of Person)

LARSON ACCOUNTING GROUP

(Name of Firm/Company)

7901 KINGSPOINTE PKWY STE 17

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIANA SOUZA VALE

,407 914-0283

(Name of Person)

(Area Code & Daytime Telephone Number

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

Mailing Address:

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

Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, POIANO VOGEL, I	BEATRIZ, hereby resign as PTD (Title)	
of TV DESCONTO	INC	······································
P17000014474 (Document Number, if known)	Name of Corporation), a corporation organized under the laws of the State of	·
FLORIDA		
	(Signature of resigning officer/director)	18 AUG 20 AM 9: 38

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