

P17000064391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

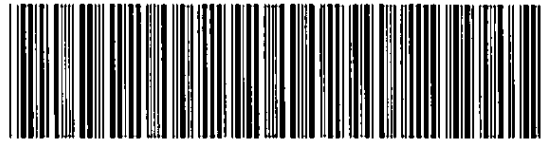
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/19--01009--022 **35.00

APR 26 2019
S. YOUNG

FILED
19 APR 15 AM 7:45
TALLAHASSEE, FLORIDA



4/8/2019

Christina M. Graham
10334 S. Tamiami Trail
Naples, FL 34119

TVMS Management Company
24850 S. Tamiami Trail, Suite 4
Bonita Springs, FL 34134

RE: Resignation

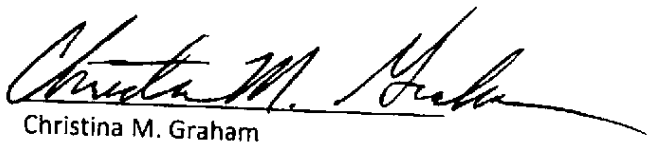
To: TVMS Management Company and Pamela J. Neitzel

Please consider this letter as of 12:00 a.m. 4/10/2019, my official resignation as President of TVMS Management Company, Inc.

As 20% shareholder, I tender my 2000 shares in TVMS Management Company, Inc.

Per our agreement, please see attached.

Sincerely,


Christina M. Graham

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TVMS Management Company Inc.
(Name of Corporation)

DOCUMENT NUMBER: P17000064391

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

Please return all correspondence concerning this matter to the following:

Christina M Graham

(Name of Person)

TVMS Management Company

(Name of Firm/Company)

24850 S. Tamiami Trail, Suite 4

(Address)

Bonita Springs, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina M. Graham at (239) 989-2963

(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

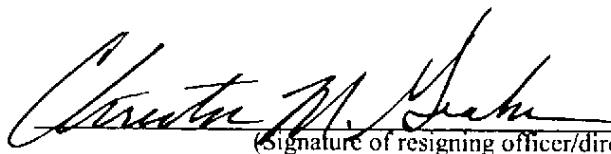
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Christina M. Graham, hereby resign as President
(Title)

of TVMS Management Company, Inc.
(Name of Corporation)

P17000064391, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director) 4/8/2019
FILED
19 APR 15 AM 7:45
TALLAHASSEE, FLORIDA

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