## P170000 78756

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
Onice Use Univ



400353951324

10/20/20--01027--017 \*\*35.00

 $\hat{c}$ 

12:11:21

PAIRES

NOV 25 2020 I ALBRITTON

## **COVER LETTER**

	Division of Corporations
SURJ	ECT: TMC Visuals, Inc.
	(Name of Corporation)
DOCU	UMENT NUMBER: P17000078756
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Unit	ed States Corporation Agents, Inc.
	(Name of Person)
Lec	galzoom.com, Inc.
	(Name of Firm/Company)
101	North Brand Blvd. 11th Floor
	(Address)
Gle	endale, CA 91203
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	(Name of Person) at (800 )773-0888 (Area Code & Daytime Telephone Number)
	(Name of Person) at () (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## 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, United States Corporation Agents, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for TMC Visuals, Inc.
(Name of Corporation)
P17000078756
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Cheyenne Moseley
(Typed or Printed Name)
Asst. Secretary for United States Corporation Agents, Inc.
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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