

P18000046514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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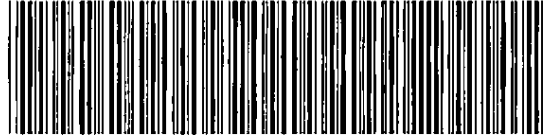
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

FEB 13 2024

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAMA CONSTRUCTION, INC.
(Name of Corporation)

DOCUMENT NUMBER: P18000046514

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIELA GORRIN
(Name of Person)

(Name of Firm/Company)

476 TIERRA DRIVE
(Address)

SPRING HILL, FLORIDA 34609
(City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MARIELA GORRIN

(Name of Registered Agent)

hereby resigns as Registered Agent for TAMA CONSTRUCTION, INC.

(Name of Corporation)

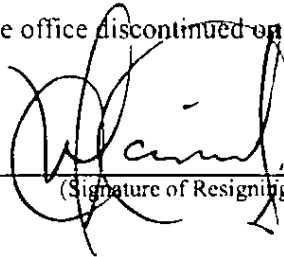
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(Document Number, if known)

Note: Any further information or communication needed on this business/
corporation, please contact the officer Jose M. Romero at his mailing address
shown on Sunbiz. I have no other communication with this individual/corporation.
I would like no ties to this corporation or business.

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:

(Typed or Printed Name)

(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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TALLAHASSEE, FL