# P190000057902

(Requestor's Name)
(Address)
,
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO:

Amendment Section Division of Corporations

 $_{
m SUBJECT}$ . TBM HOLDINGS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P19000057902

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:

### Vanessa Flanagan

(Name of Person)

#### PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

#### SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

Vanessa Flanagan\_\_\_\_

<sub>.7</sub>800 \_533.7272

(Name of Person)

(Area Code & Davtime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 unders	signed PARACORP INCORPORATED
	(Name of Registered Agent)
hereby resions as Registere	ed Agent for TBM HOLDINGS, INC.
mereo, remight at regulate	(Name of Corporation)
P19000057902	
(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 a this statement is filed.	nd the office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an e	ntity:
Abiga	le Peterson
	(Typed or Printed Name)
ASST. S	SECRETARY FOR PARACORP INCORPORATED TALL ART (Capacity)
	$\sim$
	Fee for filing this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/cf
	S35.00 - Administratively dissolved/voluntarily dissolved/ 🛁 💛

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation