

P2000000 4053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

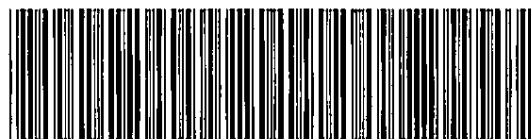
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900351756539

09/09/20--01033--006 **35.00

FILED

2020 SEP -9 AM 9:57

CLERK OF STATE
TALLAHASSEE, FL

JQ 10/19/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

BLACK TIDE EXTERIORS INC

SUBJECT: _____
(Name of Corporation)

P20000004053

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALFREDO MERCADO

(Name of Person)

PRIME TAX SOLUTIONS LLC

(Name of Firm/Company)

50 N LAURA ST STE 2500

(Address)

JACKSONVILLE, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO MERCADO

904

729-0372

(Name of Person)

at (_____) _____
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

ALE JUNIOR ESP. SANTO BARCELOS

PRESIDENT

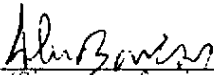
I, _____, hereby resign as _____
(Title)

BLACK TIDE EXTERIORS INC

of _____
(Name of Corporation)

P20000004053

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



(Signature of resigning officer/director)

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

FILED
2020 SEP -9 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL