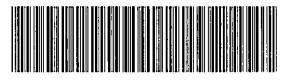
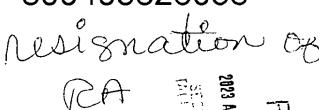
P20000012984

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



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SECRETARY OF STATE



A. RAMSEY APR 2 5 2023 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 683408 8323810 AUTHORIZATION COST LIMIT ORDER DATE: April 18, 2023 ORDER TIME : 1:33 PM ORDER NO. : 683408-005 CUSTOMER NO: 8323810 basisyation of pet NAME: TROMCO ENTERPRISES, INC. XX CA religration PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS:

COVER LETTER

| Division of Corporations | |
|--|---|
| SUBJECT: | |
| (Name of Corporat | ion) |
| DOCUMENT NUMBER: P20000012984 | |
| The enclosed Resignation of Registered Agent for a Corpor | ation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| RESIGNATION DEPARTMENT | |
| (Name of Person) | - |
| CORPORATION SERVICE COMPANY | |
| (Name of Firm/Company) | - |
| 251 LITTLE FALLS DRIVE | |
| (Address) | - |
| WILMINGTON, DE 19808 | |
| (City/State and Zip Code) | • |
| For further information concerning this matter, please call: | |
| RESIGNATION DEPARTMENT 800 at (| 927-9801 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| • | ons 607.0503(2), 617.0502(2), 607.1509, or 617 | 7.1509. 윤숙 |
|--|--|--------------|
| Florida Statutes, the undersigned | CORPORATION SERVICE COMPANY | س س س |
| . ionaa otataton ine anaeroignea. | (Name of Registered Agent) | 7 |
| hereby resigns as Registered Ager | Tromco Enterprises, Inc. | *** |
| | (Name of Corporation) | |
| P20000012984 | | |
| (Document Number, if known) | | |
| A copy of this resignation was ma | iled to the above listed corporation at its last known | own address. |
| The agency is terminated and the other than the other than the control of the con | office discontinued on the 31st day after the date | on which |
| | Eylina Bahri Assistant Vice President | |
| | (Signature of Resigning Agent) | |
| If signing on behalf of an entity: | | |
| BY EYLIENA BAI | KER | |
| | (Typed or Printed Name) | |
| VICE PRESIDENT | | |
| | (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

COVER LETTER

| 10: | Division of Corporations | |
|---------|--|--|
| SUBJI | Tromco Enterprises, Inc. IECT: | |
| 5001 | (Name of Corporation | on) |
| DOCU | UMENT NUMBER: P20000012984 | |
| The er | enclosed Resignation of Registered Agent for a Corpora | tion and fee are submitted for filing. |
| Please | e return all correspondence concerning this matter to th | e following: |
| RESIG | GNATION DEPARTMENT | |
| | (Name of Person) | |
| CORPO | ORATION SERVICE COMPANY | |
| | (Name of Firm/Company) | |
| 251 LIT | ITTLE FALLS DRIVE | |
| | (Address) | |
| WILMI | IINGTON. DE 19808 | |
| | (City/State and Zip Code) | |
| For fu | orther information concerning this matter, please call: | |
| RESIG | GNATION DEPARTMENT 800 at () | 927-9801 |
| | | & Daytime Telephone Number) |

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