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COVER LETTER

TO: Amendment Section Division of Corporations				
TORRES CONSTRUCTION SERVICE				
· ·	ame of Corp			
DOCUMENT NUMBER: P21000094467				
The enclosed Resignation of Registered Ages	nt for a Cor	poration and fee are si	abmitted for filing.	ı
Please return all correspondence concerning	this matter	to the following:		
ROBERTO GONZALEZ				
(Name of Person)	<u> </u>	· · ·		
TAXSMART ACCOUNTING SERVICES LLC				
(Name of Firm/Company)				
6653 POWERS AVE STE 136				
(Address)				
JACKSONVILLE, FL 32217				
(City/State and Zip Code)			60	2
For further information concerning this matter	er, please ca	all:	5년 625	023 J
HELEN RODRIGUEZ	904	733-0027		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Person)	(Area () Code & Daytime Telepho	one Number)<	o i
Enclosed is a check made payable to the Floor \$35.00 for an administratively dissolved,	rida Depart voluntarily	ment of State for \$87. dissolved or withdraw	50 for an active cor n corporation.	

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro-	visions of sections 607.0503(2), 617.0502(2), 607.1	509, or 617.1509,
Florida Statutes, the	undersigned TAXSMART ACCOUNTING SERVICES	LLC
Tronda Blatates, the	(Name of Registered	Agent)
haraby rasions as D	egistered Agent forTORRES CONSTRUCTION SERVI	CES CORP
neredy resigns as it	tion)	
P21000094467		
(Document Nu	imber, if known)	
A copy of this resig	nation was mailed to the above listed corporation a	t its last known address.
The agency is term: this statement is file— If signing on behalf	(Signature of Resigning Agent)	fter the date on which
	••••••••••••••••••••••••••••••••••••••	2
R	OBERTO GONZALEZ	023 255
	(Typed or Printed Name)	2023 JAN SEGRETA
PI	RESIDENT	
_	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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