P970000 63826

ARMA & ASSOCIATES	
Certified Public Accoun	
610 Crown Oak Centre Drive • Longwood, Florida 3275	o 🏣
	<u> </u>
	Office Use Only
	·
CORPORATION NAME(S) & DOCUMENT NUM	ABER(S), (II known):
1	Document #)
(Corporation Name)	Document #)
2. (Corporation Name)	(Document #)
(corporation visually)	3000055550435
	-05/16/0201052002
3. (Corporation Name)	(Document #) ***********************************
Λ	
(Corporation Name)	(Document #)
□ □	Certified Copy R
☐ Walk in ☐ Pick up time	
Mail out Will wait Photo	ocopy Certificate of Status
	SS
NEW FILINGS AMENI	DMENTS SO POT
	-T-1 , 1
Tiont	endment ignation of R.A., Officer/Director
1100110011000	ange of Registered Agent
	solution/Withdrawal
— Doniconon	rger ^'O
	3
OTHER FILINGS REGIST	FRATION/QUALIFICATION (0)
The state of the s	eign nited Partnership
	nstatement \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
 -	demark OA N 5
Oth	ier ()) N
	reign nited Partnership nstatement demark ner Examiner's Initials
	Examiner's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, VARMA AND ASSOCIATES (Name of registered agent)	- .
hereby resigns as Registered Agent for TNNOVATIVE BUILDING SOLUTIONS, IN 197000063826 (Name of corporation)	IC.
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. Statement State	
If signing on behalf of an entity: Bob A VARMA (Typed or Printed Name)	
PAR to GR (Capacity)	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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