

P17000032654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

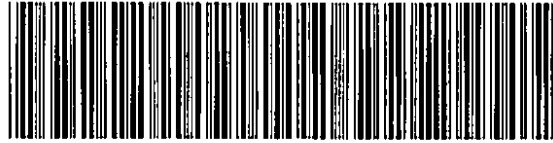
(Business Entity Name)

(Document Number)

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2020 OCT 20 PM 4: 01
SECRETARY OF STATE
TALLAHASSEE, FL

11/28/20

(Handwritten signature)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF REGISTERED AGENT - TURPIC CORP.

(Name of Corporation)

DOCUMENT NUMBER: P17000032654

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:

ROCCO LAMURA

(Name of Person)

TOSOLINI LAMURA LLP

(Name of Firm/Company)

407 LINCOLN ROAD - STE 11-C

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

ROCCO LAMURA

at (212) 5645400

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

OCT 20 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

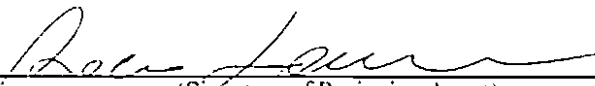
Florida Statutes, the undersigned, ROCCO LAMURA
(Name of Registered Agent)

hereby resigns as Registered Agent for TURPIC CORP
(Name of Corporation)

P17000032654
(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 and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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**