## F9400002268

ABBEY, ADAMS, BYELICK, KIERNAN, MUELLER & LANCASTER, L.L.P. ATTORNEYS AT LAW POST OFFICE BOX 1511 ST. PETERSBURG, FLORIDA 33731  (Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	☐ MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			



000010388760

01/23/03--01055--009 \*\*35.00

O3 JAN 23 PH I2: 20
SECRET STATE
FALL AND SECRET STATE

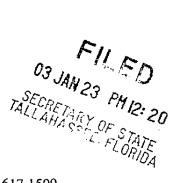
R.A. Resignation

Office Use Only

T BROWN JAN 2 8 2003

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Tampa Bay Retirement	Centers, Inc.			
	(Name of Corporati	on)		
DOCUMENT NUMBER: F9400	0002268		· .	÷ +
The enclosed Resignation of Registered A	Agent for a Corpora	ation and fee are sub	omitted for filing.	
Please return all correspondence concerni	ing this matter to th	ne following:		
Robert Lancaster, Esq.		. <u>-</u>		
(Name of Person)				
Abbey Adams Byelick Kiernan &	Lancaster, LLF			
(Name of Firm/Company	<i>i</i> )	•	<del>-</del> -	•
P. O. Box 1511			·	
(Address)		•		
St. Petersburg, FL 33731				
(City/State and Zip Code	<del>)</del>		•	
For further information concerning this m	natter, please call:	•		
Robert Lancaster	at ( 727	821-2080		
(Name of Person)	(Area Code	) 821–2080 & Daytime Telephon	ie Number)	
Enclosed is a check made payable to the lor \$35.00 for an administratively dissolve	Florida Departmen ed, voluntarily diss	t of State for \$87.50 olved or withdrawn	) for an active corporation.	oration
Amendment Section Am Division of Corporations Div P.O. Box 6327 409	eet Address: endment Section ision of Corporatio E. Gaines Street lahassee, FL 32399		• 	 



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Robert J. Lancaster	
(Name of Registered Agent)	-
hereby resigns as Registered Agent for Tampa Bay Retirement Centers, Inc.	_
(Name of Corporation)	
F94000002268	
(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.	. 1
(Signature of Resigning Agent)	
If signing on behalf of an entity:	e
(Typed or Printed Name)	-·· ·
(Capacity)	· -72 . Ast is disputable
(~apacity)	

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