F01000006367

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Connect Innahmenting to 5	iling Officer	
Special Instructions to F	-ming Officer.	
		1
		}
		1

Office Use Only



900041559919

10/28/04--01048--006 **35.00

04 0CT 28 M111: 39 SECRETAIN GEOMATICATION OF THE PROPERTY OF

RA. Resign.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TENINSULA DEVELOPMENT GIROUP, INC. (Name of Corporation) DOCUMENT NUMBER: F01000006367
DOCUMENT NUMBER: F01000006367
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:
DONALD CHAMBELLAIN (Name of Person)
(Name of Firm/Company)
500 RAINDON BLUD SUITE 300 (Address)
LAS VEGAS NV (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at ((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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	1509,
Florida Statutes, the undersigned, WILLIAM 67. WAD MAN (Name of Registered Agent)	
hereby resigns as Registered Agent for PENINSULA DEVELOPMENT G (Name of Corporation)	row, INC.
F01000006367	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which
(Signature of Resigning Agent) If signing on behalf of an entity:	FIL 04 OCT 28 EGRETARY ALLAHASSE
WILLIAM G. WADMAN (Typed or Printed Name)	
REGISTERED AGENT	AMII: 39
(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withdrawn corporation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