

F08000001016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

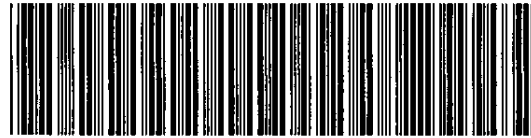
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
NOV 25 2013
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TARPON CORPORATION (DE), INC.
(Name of Corporation)

DOCUMENT NUMBER: F08000001016

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:

VERONICA MORALES

(Name of Person)

(Name of Firm/Company)

7701 NW, 46 ST

(Address)

DORAL, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA MORALES at (706) 319-7628 * Nov 15/2013.
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

APPROVED
AND
FILED

13 NOV 20 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, VERONICA MORALES

(Name of Registered Agent)

hereby resigns as Registered Agent for TARPON CORPORATION (DE), INC.

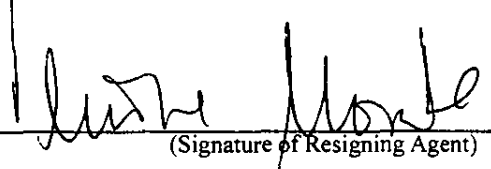
(Name of Corporation)

F08000001016


(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.

X  NOV 15 / 2013.
(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