F10000003096

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #/)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	1
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

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RA Resign

SEP 1 2 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TECHGROUP, INC. DBA TGI INC
(Name of Corporation)
DOCUMENT NUMBER: F10000003096
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:
Jody Moua
(Name of Person)
Paracorp Incorporated
(Name of Firm/Company)
PO Box 160568
(Address)
Sacramento, CA 95816
(City/State and Zip Code)
For further information concerning this matter, please call:
Jody Moua 31, 800 533-7272
Jody Moua at (800) 533-7272 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Secretary Charles and the secretary of t
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Par	acorp Incorporated
	(Name of Registered Agent)
hereby resigns as Registered Agent for	TECHGROUP, INC. DBA TGI INC
nereby resigns as Registered Agent for	(Name of Corporation)
F10000003096	
(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 this statement is filed.	discontinued on the 31st day after the date on which
Mul	
(Sig	gnature of Resigning Agent)
If signing on behalf of an entity:	
	Ninh Ho
	Typed or Printed Name)
Assistant Secr	etary
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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