Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

1 (950) 617-6380

From:

Account Name

: INCORPORATING SERVICES FL

Account Number: I20050000052 Phone

: (850)656-7956

Fax Number

: (850) 656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

REGISTERED AGENT RESIGNATION TPP ACQUISITION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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COVER LETTER	WARE SE
TO: Amendment Section Division of Corporations	ALLAH SEE TONION)
SUBJECT: TPP ACQUISITION, INC.	
(Name of Corporate DOCUMENT NUMBER: F11000000932	lon)
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Tunisha Scott	·
Incorporating Services, Ltd	<u>.</u>
3500 S Dupont Hwy	-
Dover, DE 19901	_
(City/State and Zip Code) For further information concerning this matter, please call:	
Tunisha Scott _m 800	,346-4646
(Name of Person) (Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departmen	t 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or \$35,00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Parsuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509
arsuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509
oride Statutes, the undersigned INCORPORATING SERVICES, LTD
(Name of Registered Agent)
ereby resigns as Registered Agent for TPP ACQUISITION, INC.
(Name of Corporation)
711000000932
(Document Number, if known)
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 last day after the date on which is statement is filed. (Signature of Resigning Agent)
signing on behalf of an entity:
Tunisha Scott
(Typed or Printed Name)
Asst. Secretary
(Capacity)

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314