

CENTRE POINTE FINANCIAL CENTER
2477 TIM GAMBLE PLACE

CR2E031(7/97)

TALLAHASSEE, FLORIDA 3230	Office Use Only
CORPORATION NAME(S) & DOCUM	
CORPORATION NAME(S) & DOCOM	400045386543 -08/16/0101070016 *****35.00 ******35.00
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3.	400045386543 -09/06/0101042026 ********************************
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS STATE
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIO
Annual Report Fictitious Name	Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATIC Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 22, 2001

THE CICCHETTI LAW FIRM 2477 TIM GAMBLE PLACE TALLAHASSEE, FL 32308

SUBJECT: TALLAHASSEE TIGER SHARKS HOCKEY CLUB, INC.

Ref. Number: F94000003847

We have received your document for TALLAHASSEE TIGER SHARKS HOCKEY CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresagerown Copporate Specialist

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Letter Number: 001A00048111

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Tammy de Soto Cicchetti	
(Name of registered agent)	-
hereby resigns as Registered Agent for Tallahassee Tiger Sharks Hockey Club, Inc. (Name of corporation)	
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.	
(Signature of resigning agent) If signing on behalf of an entity:	- k
(Typed or Printed Name)	
(Capacity)	·

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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

CR2E046(9/98)