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SUBJECT:		TAMPA B			
	Nam	e of Limited L			· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMB	ER:	L03000	046683	i 	
The enclosed Resignati for filing.	on of Registered	Agent for a I	imited l	Liability Con	npany and fee are submitte
Please return all corresp	ondence concert	ning this matt	er to the	following:	
	Kaitie Sperry				
1	Name of Person				
Cor	porate Direct, Ir	nc.			
Nam	e of Firm/Compan	y			
2248 N	leridian Blvd., S	Ste H			
	Address				
Min	den, NV 89423				
City	State and Zip Cod	е			1
info@c	orporatedirect.d	com			1
E-mail address: (to be	used for future annu	al report notific	ation)		
For further information	concerning this	matter, please	e call:		
Kaitie	Sperry		775	782-2201	
Name o	f Person	Are	a Code	Daytime Tele	phone Number

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.0115, F	lorida Statutes, the u	undersigned,		
Gerri Detweiler			, hereby resigns as		
N	ame of Registered Agent		,,		
Registered Agent for	Т.	AMPA BAY, LLC	<u> </u>		_
	Name of Limited	Liability Company			_•
L030000	46683				
Document Num	ber, if known	_			
The agency is terminated a	and the office disconting	_	rafter the date on which thi	is statement i	s filed
If signing on behalf of an	entity:			以治 耳	
	Ger	ri Detweiler	•	上記	يتدرين
-	,	or Printed Name istered Agent		TEST TEST 1-0	· · · · · · · · · · · · · ·
-	(Capacity			-
	-			95 8 36 8 8 8	
·	FILING FE \$ 85.00 A \$ 25.00 A	ES: active limited liabili administratively dissoluted li	ity company solved/ voluntarily dissolv iability company	ved/	

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