

## Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6390

**EXAMINER** 

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.

Account Number : 072720300266 Phone : (941)366-4800 Fax Number : (941)552-5559

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## REGISTERED AGENT RESIGNATION TECHNOLOGY PERFORMANCE GROUP, LLC

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,
	R. DAVID BUSTARD	hereby resigns as
	Name of Registered Agent	
Registered Agent for _	TECHNOLOGY PE	RFORMANCE GROUP, LLC
	Name of Limited Liability Co	ompany ,
L0400	0094246	•
Document N	lumber, if known	
A copy of this resignat	ion was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminat	Stens Su	ATet day after the date on which this statement is filed.
If signing on behalf of	an entity:	
	Typed or Printed !	Varne
	Capacity	

Active limited liability company
Administratively dissolved/ volunturily dissolved/
withdrawn limited liability company

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

INHS17 (08/05)