

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (407)422-6583

Fax Number : (954)343-6962

REGISTERED AGENT RESIGNATION

TAMY TAMPA 2 26, LLC

Certificate of Status	0
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EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provisions	ot section png'4 to(:	z) or out.509, Fiorida Sta	autes, the undersigned,	
GREGORY J.	BLODIG		, hereby resigns as	
(Name of Registered Age:	nt)	- Constant	
Registered Agent for T	AMY TAMPA	4 2 26, LLC		
	(Name of Lim	nited Liability Company)	 	
L06000015987				
(Document Number				
A copy of this resignation	was mailed to the al	bove listed limited liabilit	ry company at its last know	n address.
·				
The agency is terminated	and the office discor	atinued on the 31st day aff	fer the date on which this st	tatement is filed.
	<u>la</u>	mysky	5.	
•		(Signature of Resigning Agent	1)	mand
If signing on behalf of an entity:				A SE
				CCR æ
•	(T	Typed or Printed Name)		OB NOV
				SS 1
		(Capacity)	•	
				SIA D
	FILING 1	FEES:		3 5 7 8
	\$ 85.00 \$ 25.00	Active limited liability	company lvcd/voluntarily dissolved sility company	/

Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
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