

L06000016017

Florida Department of State
Division of Corporations
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To:

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 1 26, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

\$85.00

RECEIVED

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EXAMINER

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

GREGORY J. BLODIG

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **TAMY TAMPA 1 26, LLC**

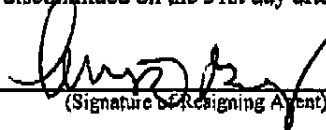
(Name of Limited Liability Company)

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(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily 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withdrawn limited liability company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

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