

JUL 27 2007 4:11 PM  
Division of Corporations

GLENN RASMUSSEN

NO. 374

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**L06000118648**

Florida Department of State

Division of Corporations

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Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : GLENN RASMUSSEN & FOGARTY, P.A.

Account Number : I19990000156

Phone : (813) 229-3333

Fax Number : (813) 229-5946

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DIVISION OF CORPORATIONS  
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**REGISTERED AGENT RESIGNATION**

**TIG (USA), LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$140.00

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GLENN RASMUSSEN

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(#07000191682 3)

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TIG (USA), LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000118648

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael B. Colgan  
(Name of Person)

Glenn Rasmussen Fogarty & Hooker, P.A.  
(Name of Firm/Company)

100 S. Ashley Drive, Suite 1300  
(Address)

Tampa, FL 33602  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael B. Colgan at ( 813 ) 229-3333  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Michael B. Colgan  
100 S. Ashley Drive, Suite 1300  
Tampa, FL 33602  
(813) 229-3333  
Florida Bar No. 0191383

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DIVISION OF CORPORATIONS  
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**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,

**Michael B. Colgan**

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **TIG (USA), LLC**

(Name of Limited Liability Company)

**L06000118648**

(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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