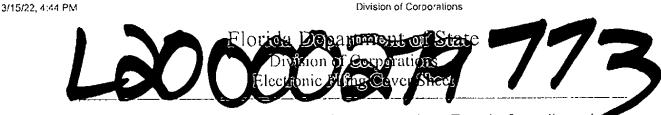
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000097511 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:____

LLC REGISTERED AGENT RESIGNATION TAMPA DELITES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TO: Registration Section Division of Corporations

SUBJECT: TAMPA DELITES LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000279773	<u> </u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to th	ne following:
Amanda Archambault	
Name of Person	
Incorporating Services, Ltd.	
Name of Firm/Company	
3500 S DuPont Highway	
Address	
Dover, DE 19901	
City/State and Zip Code	
wlook@incserv.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Westley Look at (302	531-0703 Daytime Telephone Number
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Incorporating Services, Ltd.	, hereby resigns as
Name of Registered Agent	,
Registered Agent for TAMPA DELITES LLC	
Name of Limited Liability Comp	pany
L20000279773	
Document Number, if known	
A copy of this resignation was mailed to the above listed limi	ted liability company at its last known address.
The agency is terminated and the office discontinued on the 3	ilst day after the date on which this statement is filed.
- Amount Och And Signature of Resi	igning Agent
If signing on behalf of an entity:	
Amanda Archam	PEL PROPERTY TARREST FILE FILE FILE FILE FILE FILE FILE FILE
Typed or Printed Nat	me F 7
Assistant Secre	tary SS
Capacity	
	n na
FILING FEES:	0810 8: 55
\$85.00 Active limite \$25.00 Administrativ	d liability company vely dissolved/ voluntarily dissolved/ imited liability company

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