120000359730

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	Tarawa Land, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: L20000359730
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Henry J	akimer
	(Name of Person)
Tarawa	Land, Inc.
	(Name of Firm/Company)
6873 Jo	ejeff Street
	(Address)
North P	ort, FL 34286
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Henry	y Jakimer at (941) 426-0869 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

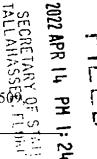
Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617	7.15 69 ,0 <u>-</u> c
Florida Statutes, the undersigned,	Carrier W. Character La Carrier	
	(Name of Registered Agent)	100
hereby resigns as Registered Agen		.
, , ,	(Name of Corporation)	
L20000359730		
(Document Number if known)		

A copy of this resignation was mailed to the above listed corporation 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)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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