

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : LEBOEUF, LAMB, GREENE & MACRAE

Account Number : 103727002525 Phone : (904)630~5338 Fax Number : (904)353-1673

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REGISTERED AGENT RESIGNATION

TPCPVP, INC.

Certificate of Status	0
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SECRETARY OF STATE

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RA Resign. 08/10/04

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 66	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pa	mela K. Phillips
	(Name of Registered Agent)
hereby resigns as Registered Agent for	TPCPVP, Inc.
	(Name of Corporation)
L22299	
(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 this statement is filed.	discontinued on the 31st day after the date on which
Pand	grature of Resigning Agent)
If signing on behalf of an entity:	Juliume of Resigning Agenty
	Typed or Printed Name)
· ·	·-

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)

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