M1200004418

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COVER LETTER

Amendment Section Division of Corporations

TO:

CUDINGT ICC T	ANADA IIIC			
SUBJECT: ICG-TAMPA, LLC Name of Limited Liability Company				
DOCUMENT NUMBER:	M12000004478			
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:				
Brooke Daugherty-Hayes Name of Person				
Name of Person				
National Corporate Research, Ltd	i.			
Name of Firm/Company				
850 New Burton Road, Suite 201				
Address				
Dover, DE 19904				
City/State and Zip Code				
invoices@nationalcorp.com E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter,	please call:			
Brooke Daugherty-Hayes at Name of Person	(866) 621-3524 Area Code & Daytime Telephone Number			
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative limited liability company.	a Department of State for \$85.00 for an active limited vely dissolved, voluntarily dissolved briwithdrawn			
MAILING ADDRESS:	STREET ADDRESS: Amendment Section			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 608.416(2) or 608.509, Florida Si	tatutes, the undersigned,
Nationa	Corporate Research, Ltd.	, hereby resigns as
	Name of Registered Agent	_ , ,
Registered Agent for	ICG-TAMPA,	, LLC
	Name of Limited Liability Company	.
M12000	0004478	
Document Nur	nber, if known	
A copy of this resignation	n was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminated	and the office discontinued on the 31st day a	after the date on which this statement is filed.
If signing on behalf of ar	Signature of Resigning Age	ent
	Florence Spelzhausen	
	Typed or Printed Name	
	Assistant Secretary Capacity	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissorb withdrawn limited liability	y company olved/ voluntarily dissolved/ STATE TORIO STATE TORIO

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