## N0800004717

(Re	equestor's Name)	<u>,</u>
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
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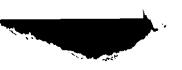
## **COVER LETTER**

	Division of Corporations	
SUBJ	ECT: Palm Harbor Tri-Warriors, Inc.	
	(Name of Corporation)	71 <u>4.</u> ii
DOC	UMENT NUMBER: N08000004717	
The er	nclosed Resignation of Registered Agent for a Corporation and	fee are submitted for filing.
Please	e return all correspondence concerning this matter to the follow	ing:
Tony	y Thomas	
	(Name of Person)	
Palm	n Harbor Tri-Warriors, Inc.	
	(Name of Firm/Company)	
P.O.	. Box 2195	
	(Address)	
Palm	n Harbor, FL 34682	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
Tony	Thomas at (727) 510-5 (Name of Person) (Area Code & Daytin	5488 ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,	
Florida Statutes, the undersigned, Leslie Hugh		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Palm Harbor Tri-Warriors, Inc.		
(Name of Corporation)		
N0800004717		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n addro	ess.
The agency is terminated and the office discontinued on the 31st day after the date or this statement is filed.	n whicl	h
Sul The	SECR	S
(Signature of Resigning Agent)  If signing on behalf of an entity:	HASSEE FI'OL	FILEED
(Typed or Printed Name)		5
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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