

N2100000 3690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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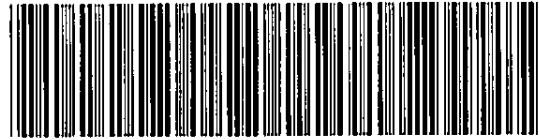
(Business Entity Name)

(Document Number)

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2025 FEB -3 PM 12:58
SPRINGFIELD, MA

Ra Resignation

FEB 07 2025

D CUSHING

ATTN: DIANE CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TP MY EAR TNR + RESCUE
(Name of Corporation)

DOCUMENT NUMBER: N21000003690

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUTH PENNINGTON
(Name of Person)

TP MY EAR TNR and RESCUE
(Name of Firm/Company)

11200 HARDING DR
(Address)

PORT RICHEY FL 34669
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON SCHEIBLAIN at (727) 457-2748
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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2025 FEB -3 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MICHAEL OVERBECK
(Name of Registered Agent)

hereby resigns as Registered Agent for TIP MY EAR TNR and RESCUE
(Name of Corporation)

N21000003690
(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)

FILED
2025 FEB -3 PM 12:58
STATE OF FLORIDA
TALLAHASSEE

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