P0000022765

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(A d	dress)	
(//u	ulessj	
(Cit	y/State/Zip/Phon	e #)
_		_
PICK-UP	☐ WAIT	MAIL
Ru	siness Entity Nar	me)
(50	Siliess Chuty Nai	ne,
(Do	cument Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
į		
		j
·		<u>_</u>

Office Use Only



300211062473

08/29/11--01037--007 **35.00



(R) 3/30 M

COVER LETTER

10.	Division of Corporations	
SUBJI	Texas Independent Delivery Services, Inc.	
5 C D 0 1	(Name of Corporat	ion)
DOCU	JMENT NUMBER: P00000022765	
The en	closed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
Cynth	ia Z. Jorgensen	
	(Name of Person)	- ,
Quarle	es & Brady LLP	•
	(Name of Firm/Company)	-
411 E.	. Wisconsin Avenue, Suite 2040	
	(Address)	-
Milwa	nukee, WI 53202	
	(City/State and Zip Code)	-
For fur	ther information concerning this matter, please call:	
Cynth	ia Z. Jorgensen at (414	277-5191
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Tampa-Lawdock, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent fo	Texas Independent Delivery Services, Inc.
nereby resigns as registered regent	(Name of Corporation)
P00000022765	
(Document Number, if known)	
	ffice discontinued on the 31st day after the date on which (Signable of Resigning Agent)
If signing on behalf of an entity:	(Signarate of Resigning Agent)
Tampa-Lawdock	
	(Typed or Printed Name)
Assistant Secreta	ry
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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