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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TAM TOUR TNC. (Name of Corporation)
DOCUMENT NUMBER: 602000 89959
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:
Craig Stein (Name of Person)
(Name of Firm/Company)
4988 Garden Dr. (Address)
Oelray Beach FL. 33445 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 428 - 4311 ext. 210 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607				617.1509,
Florida Statutes, the undersigned,	Craig	Stein (Name of Regis	stered Agent)	
hereby resigns as Registered Agent for _			INC.	
(Document Number, if known)	-			
A copy of this resignation was mailed to	the above li	sted corporat	ion at its last	known address.
The agency is terminated and the office d this statement is filed.	iscontinued	on the 31st o	lay after the	date on which
	1/25			
(Sign	atere of Resig	ning Agent)		
If signing on behalf of an entity:	v			05 JAN 24
(T ₂	yped or Printe	d Name)		LED SEESTS -
	(Capacity	<u></u>		<u> </u>
	Capacity	7		

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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