## P030000 Y5549

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| · (Bu                   | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE
TALLIAHASSEE FLORIOA

X 5.00

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509.                               |
|---|
| Florida Statutes, the undersigned, Mercedes R. Duvallon   |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for TANSAGE, INC. (Name of Corporation)  |
|   |
| P03000045549  |
| (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 Rasigning Agent)  |
| If signing on behalf of an entity:  (Typed or Printed Name)   |
| (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections of  | 07.0502(2), 617.0502(2), 607.1509, 6f 617.1509.  |
|--|--|
| Florida Statutes, the undersigned,   | Mercedes R. Duvallon (Name of Registered Agent)  |
|  | (Lattic of Kelidraten Aftens)  |
| hereby resigns as Registered Agent for   | TANGAGE, INC.  |
|  | (Name of Corporation)  |
| P03000045549   |  |
| (Document Number, if known)  | <del></del>  |
| A copy of this resignation was mailed to   | o the above listed corporation at its last known address.  |
| The agency is terminated and the office this statement is filed.   | e discontinued on the 31st day after the date on which   |
| erce,  | grature of Rasigning Agent)  |
| If signing on hobalf of an antity  |  |
| If signing on behalf of an entity:   |  |
|  |  |
|  | (Typed or Printed Name)  |
| `  |  |
|  |  |
| Management of the reservoir of the American State of the American State of the Stat | (0)  |
|  | (Capacity)   |
|  | of this document: tive corporation   |
| \$35.00 - Adi  | ministratively dissolved/voluntarily dissolved/  |
| · · t  | to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tellahassee, FL 32314 |