205000069441	
1801 Sassafras Dr. Wesley Chapel JL 33543 (Address)	400066374054
(City/State/Zip/Phone #)	02/24/0601048033 **21.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FUED 06 MAR 17 AM 9:03 SECRE MARY OF STATE TALLANASSEE FLORIDA

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COVER LETTER

TO: Amendment Section **Division of Corporations**

demu **SUBJECT:** 00001-9 **DOCUMENT NUMBER:**

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Garcia Tampa Sports Academy (Name of Firm/Company) In(. <u>Sassafras</u> Drive (Address) 1401 (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>\$15</u>) <u>517-6932</u> (Area Code & Daytime Telephone Number) lm ame of Person

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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



March 6, 2006

TAMPA SPORTS ACADEMY INC. 1801 SASSAFRAS DR WESLEY CHAPEL, FL 33543

SUBJECT: TAMPA SPORTS ACADEMY INC. Ref. Number: P05000069447

We have received your document for TAMPA SPORTS ACADEMY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Omar A Emiliozzi is not the registered agent of this corporation he is a director. I am sending the resignati of officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist

Letter Number: 206A00015416

TERCECOM CAREA 05 ILR 17 AH 8: 00 **UHALL**

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

F CMILIOZZi hereby resign as_ Mar irect I. (Title) ∑≬(` ad m (Name of Corporation) , a corporation organized under the laws of the State of Document if known) U

(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314