

P05000099067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

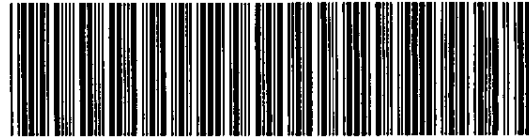
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500227842975

Resignation
of RA

04/09/12--01049--007 **35.00

FILED
2012 APR -9 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/10/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TAG INDUSTRIES INC
(Name of Corporation)

DOCUMENT NUMBER: P05000099067

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:

Thomas J. Irvine

(Name of Person)

TAG INDUSTRIES INC

(Name of Firm/Company)

7141 NW 70th Terrace

(Address)

Parkland, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Irvine

(Name of Person)

at (561) 289-1685

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

OK: # 257

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

**RESIGNATION OF REGISTERED
FOR A CORPORATION**

FILED

APR 9 PM 1:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Thomas J Irvine

(Name of Registered Agent)

hereby resigns as Registered Agent for TAG INDUSTRIES, INC

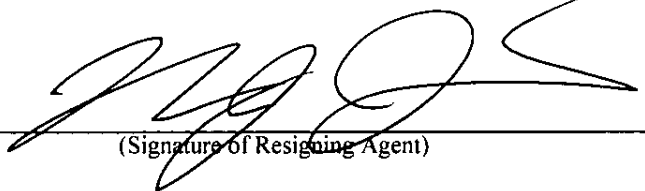
(Name of Corporation)

P05000099067

(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)

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