# •\_\_ ` é. . . 0800003369 (Requestor's Name) (Address) 300203663213 (Address) (City/State/Zip/Phone #) 04/25/11--01018--028 \*\*35.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 50 Certified Copies \_\_\_\_\_ Certificates of Status APR 25 AM Special Instructions to Filing Officer: Office Use Only 1844/29 m

#### **COVER LETTER**

#### **TO:** Amendment Section Division of Corporations

## SUBJECT: TAMPA BAY AMATEUR BASEBALL LEAGUE, INC.

(Name of Corporation)

## DOCUMENT NUMBER:\_\_P08000033697

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:

Jillian Marschke

(Name of Person)

**Business Filings Incorporated** 

(Name of Firm/Company)

8040 Excelsior Drive, Suite 200

(Address)

Madison, WI 53717

(City/State and Zip Code)

For further information concerning this matter, please call:

Jillian Marschkeat (<br/>(Name of Person)981-7183(Name of Person)(Area Code & Daytime Telephone Numbe)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

### **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, Business Filings Incorporated (Name of Registered Agent)

(Name of Corporation)

P08000033697

(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:

Mark Williams

(Typed or Printed Name)

Assistant Vice President of Business Filings Incorporat

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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