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(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE STALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations
	Division of Corporations
SUBJ	ECT: TEAM PROMOTIONS, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: P09000008725
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
TLS/	NRAI SERVICES, INC.
	(Name of Person)
NRA	I SERVICES
	(Name of Firm/Company)
2731	Executive Park Drive, Suite 4
	(Address)
Wes	ton, FL 33331
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
TLS	at (954) 318-2787
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 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, NRAI SERVICES, INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for TEAM PROMOTIONS, INC.
(Name of Corporation)
P0900008725 FEI/EIN Number N(
(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:
Peter F. Souza
(Canacity) (Typed or Printed NamAssistant Secretary SECRETAR (Canacity)
(Capacity) RY OF S AH 8: 36 Fee for filing this document:
\$87.50 - Active corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/