## P10417

	··-	
(Re	equestor's Name)	
(Åd	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
L		

Office Use Only



900330113069

06/05/13 -61022--613 •• 35.00

2019 JUN - 5 AH II: 52
SECRE FALLY OF STATE

JUN 13 2019 C Kinsev

## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Tanmore Corporation	N.V.
(Name of C	orporation)
DOCUMENT NUMBER: P10417	
The enclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Corinne P. McClure, Senior Paral	egal
(Name of Person)	
McGuireWoods LLP	
(Name of Firm/Company)	
50 North Laura Street, Suite 3	300
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Corinne McClure	798-3294 ea Code & Daytime Telephone Number)
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Dep or \$35.00 for an administratively dissolved, voluntar	artment of State for \$87.50 for an active corporation ily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Addre Amendment Se Division of Cor Post Office Box Tallahassee, FL	ction porations k 6327

## 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. RAX Comp	
	(Name of Registered Agenc)
hereby resigns as Registered Agent for Tanmo	bre Corporation N.V.
nereby resigns as Registered Agent for	(Name of Corporation)
P10417	
(Document Number, if known)	
(1.4.5.4)	
A copy of this resignation was mailed to the abov	e listed corporation at its last known address.
The agency is terminated and the office discontinuthis statement is filed.	ued on the 31st day after the date on which
Sie O. Taylo (Signature of R	2
If signing on behalf of an entity:	ACC VS
Lisa O. Taylor	LAHASS
(Typed or Pr	inted Name)
	- · · · · · · · · · · · · · · · · · · ·
President	m N
(Cap	ecity)
Fee for filing this doc	•
\$87.50 - Active Corpo	
withdrawn co	'ely dissolved/voluntarily dissolved/
, manual ex	, , , , , , , , , , , , , , , , , , ,
Make checks payable to Florida	Department of State and mail to:
Division of C	orporations
P.O. Bo	ox 6327

Tallahassee, FL 32314