

P11000028751

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : WHITEHEAD LAW OFFICES, P.A.
Account Number : 120090000003
Phone : (561) 833-5553
Fax Number : (561) 833-5628

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Email Address: Chris@lawoffices.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
TAKE ACTION MEDIA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$140.00

96.25 RA Resign

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Take Action Media, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P11000028851

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:

Patrick M. Whitehead, Esq.

(Name of Person)

Whitehead Law Offices, P.A.

(Name of Firm/Company)

215 South Olive Avenue, Suite 400

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Ruffini

(Name of Person)

at **561 833-5553**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
2012 JUN 29 PM 3:49
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

Florida Statutes, the undersigned, Patrick M. Whitehead, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Take Action Media, Inc.

(Name of Corporation)

P11000028851

(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