

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

**REGISTERED AGENT RESIGNATION
TIN CEILING XPRESS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TIN CEILING XPRESS CORP
(Name of Corporation)

DOCUMENT NUMBER: P18000089676

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:

TRACEE COTTON
(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Firm/Company)

100 WALL STREET, SUITE 503
(Address)

NEW YORK, NY 10005
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON at (800) 221-2972 X1550
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for TIN CEILING XPRESS CORP

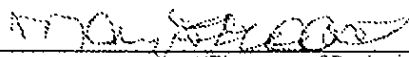
(Name of Corporation)

P18006089676

(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:

MARY BROOKS

(Typed or Printed Name)

ASSISTANT SECRETARY

(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

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