

P19000005153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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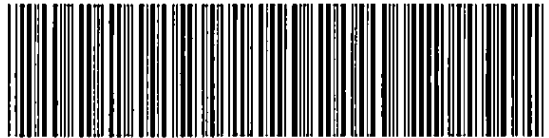
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: TELITHA ENTERTAINMENT CORP.

(Name of Corporation)

DOCUMENT NUMBER: P19000005153

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:

Tyra Ferrell

(Name of Person)

TELITHA ENTERTAINMENT CORP.

(Name of Firm/Company)

9217 Hampton Glen Court

(Address)

Tallahassee, Florida, 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Jackson 850 566-7960
_____ at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

