Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000110166 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : I20130000024 Phone : (215)299-2162 Fax Number : (215)299-2150

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

jmiranda@foxrothschild.com Email Address:\_\_\_\_

## REGISTERED AGENT RESIGNATION T.P. ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help O SIMMONS MAR 1 9 2021

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.0502	7.1509.	
Florida Statutes, the undersigned, Adam J Lamb		) J
(Name of Registered Agent)		75
hereby resigns as Registered Agent for T. P. Associates, Inc.	V	100
(Name of Coppositor)		_ \ _\
P93000012223		
(Document Number, if known)	7	-
A copy of this resignation was mailed to the above listed corporation at its last kn  The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  (Signature of Resigning Agent)	·	•
If signing on behalf of an entity:  (Typed or Printed Name)	-	
Capaig	-	

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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