

P94000044639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

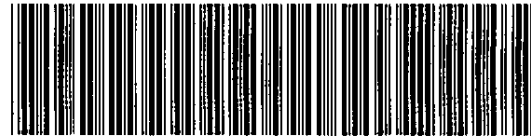
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181838649

POS 4590453 1009068796
06/14/10 01024-022

06/14/10--01024--023 **35.00

FILED
10 JUN 14 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RT Per
6/15/11

GRAY ROBINSON
ATTORNEYS AT LAW

Pamela O. Price

407-244-5607

PPRICE@GRAY-ROBINSON.COM

June 11, 2010

SUITE 1400
301 EAST PINE STREET (32801)
P.O. Box 3068
ORLANDO, FLORIDA 32802-3068
TEL 407-843-8880
FAX 407-244-5690
FORT LAUDERDALE
JACKSONVILLE
KEY WEST
LAKELAND
MELBOURNE
MIAMI
NAPLES
ORLANDO
TALLAHASSEE
TAMPA

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

**Re: Resignation of Registered Agent
TCF International, Inc.
Document No.: P9000044639**

Dear Sir or Madam:

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:

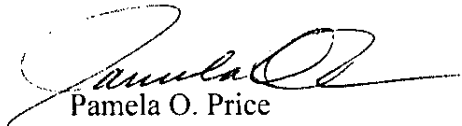
Pamela O. Price
GrayRobinson, P.A.
P.O. Box 3068
Orlando, FL 32802-3068

For further information concerning this matter, please call:

Pamela Price at (407) 843-8880.

Enclosed is a check made payable to the Florida Department of State for \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Sincerely,


Pamela O. Price

POP/km
Enclosures

**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, **Pamela O. Price**, hereby resigns as Registered Agent for TCF International, Inc., Document No. P94000044639.

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agent is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Pamela O. Price

If signing on behalf of an entity:

(Type 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 the Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**FILED
10 JUN 14 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**