## P96000007434

| (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: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
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03 AUG 29 AM ID: 38

SLCNETARY OF STATE

Card of survey

## TRANSMITTAL LETTER

| TO:    | Amendment Section Division of Corporations | · <del></del>                 | <b>-</b> -                              |     |
|--------|--------------------------------------------|-------------------------------|-----------------------------------------|-----|
| SUBJI  | ECT: THAT'S AMOR                           | (Name of Corporati            | ion)                                    |     |
| DOCU   | MENT NUMBER: P9600                         | 000 2434                      | /                                       |     |
| The en | closed Resignation of Registered A         | gent for a Corpora            | ation and fee are submitted for filin   | ng. |
| Please | return all correspondence concernit        | ng this matter to th          | ne following:                           |     |
|        | JOSEPH G GUGGIN (Name of Person)           | 0                             |                                         |     |
|        | (Name of Firm/Company)                     |                               |                                         |     |
|        | 3315 SWANN AVE                             | € 📜                           | · ·                                     |     |
|        | TAMPA FL 3 =                               | <b>-</b> -                    | ·                                       |     |
|        | ther information concerning this ma        | . <del></del>                 |                                         |     |
|        | (Name of Person)                           | at ( <u>813</u><br>(Area Code | 879-4441<br>& 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
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617.1$                                                 | 509,                  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Florida Statutes, the undersigned, JOSEPH G GUGGINO (Name of Registered Agent)                                                                 |                       |
|                                                                                                                                                |                       |
| hereby resigns as Registered Agent for THAT'S MMORE, INC. (Name of Corporation)                                                                |                       |
|                                                                                                                                                |                       |
| P96000007434                                                                                                                                   |                       |
| (Document Number, if known)                                                                                                                    |                       |
| A copy of this resignation was mailed to the above listed corporation at its last know                                                         | n address.            |
| The agency is terminated and the office discontinued on the 1st day after the date of this statement is filed.  (Signature of Resigning Agent) |                       |
| If signing on behalf of an entity:                                                                                                             | D3 NUG 29 SECRETARY   |
| JOSEPH G GUEGIND (Typed or Printed Name)                                                                                                       |                       |
| SECRETARY (Capacity)                                                                                                                           | AM 10: 38<br>OF STATE |
| (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