## P97000031565

(1	Requestor's Name)			
	Address)			
, (	Address)			
(1	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(1	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	Office Use Only			



900112259939

11/29/07--01018--003 \*\*157.50





## **COVER LETTER**

TO:	Amendment Section Division of Corporations	. •
SUBJ	ECT: TWBP, Inc.	
	(Name of Corporation)	
OC	UMENT NUMBER: P97000031565	
he e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
Please	e return all correspondence concerning this matter to the following:	
	T 1 W Calcard In	
	Joseph M. Scheyd, Jr. (Name of Person)	
	(realite of 1 crossis)	
	Joseph M. Scheyd, Jr., P.A.	
-	(Name of Firm/Company)	
	979 Highway 98 East, Unit B-1	
	(Address)	
	Destin, Florida 32541	
	(City/State and Zip Code)	
or fu	orther information concerning this matter, please call:	
j	Joseph M. Scheyd, Jr. 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	17.0502(2), 617.0502(2), 607.1509, or 61	17.1509,
Florida Statutes, the undersigned,	Kent Thomas	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	TWBP, Inc.	•
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)	,
P97000031565	_	
(Document Number, if known)		
A copy of this resignation was mailed to	the above listed corporation at its last k	nown address.
The agency is terminated and the office of this statement is filed.  (Signature)	discontinued on the 31st day after the da	te on which
If signing on behalf of an entity:		O7 NOV
(7)	Typed or Printed Name)	29 PM IZ
	(Capacity)	- 2m 2

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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