

P97000098468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

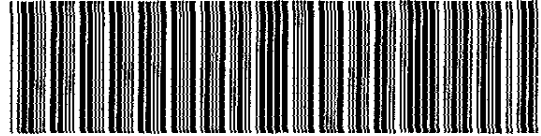
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000069273620

04/03/06--01025--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR -3 PM 12:42

RA Resig.

12/4/7

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TKM Global Investment, INC
(Name of Corporation)

DOCUMENT NUMBER: P97000098468

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:

Ralph F. Reuss III
(Name of Person)

(Name of Firm/Company)
218 Los Prados Dr
(Address)

Safety Harbor FL 34695
(City/State and Zip Code)

For further information concerning this matter, please call:

Ralph F. Reuss at (727) 947-5000
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR -3 PM 12:42

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, Ralph F. Reuss III

(Name of Registered Agent)

hereby resigns as Registered Agent for TKM Global Investment, Inc.

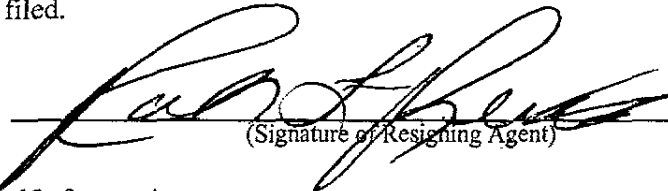
(Name of Corporation)

P97000098468

(Document Number, if known)

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

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


(Signature of Resigning Agent)

If signing on behalf of an entity:

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