P97000107580

(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



800069273648

04/03/06--01025--009 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

2006 APR -3 PM 12: 42

RA Resig.

VI H

TRANSMITTAL, LETTER

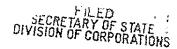
SUBJECT: IT R III CONSULTATE
(Name of Corporation)
DOCUMENT NUMBER: 19700 107580
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RALPH F. Reuss IV (Name of Person)
(Name of Firm/Company)
218 LOS IKADOS DIC (Address)
SATITY Harbor, IR 34695 (City/State and Zip Code)
For further information concerning this matter, please call:
RALLOS at (727) 947 5000 (Name of Person) at (727) 947 5000 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

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

TO:

Amendment Section 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. Reuse III (Name of Registered Agent)
hereby resigns as Registered Agent for TT R TV Consultants, here, (Name of Corporation)
PG7000 107580 (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)
(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withdrawn corporation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