

P98000011086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2017 JUL 28 AM 8:35

FILED
TALLAHASSEE, FLORIDA

2017 JUL 28 AM 11:29

FILED
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 31 2017

BRYANT MILLER OLIVE P.A.
Requester's Name

101 North Monroe St., Suite 900
Address

Tallahassee, FL 32301 (850) 222-8611
City/State/Zip Phone #

2017 JUL 28 AM 11:29
FALLS COUNTY, FLORIDA
SOLICITATION DIVISION

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Tampa Financial Company Inc. P98000011086
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time Next Day
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Financial Company, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P98000011086

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:

Charles L. Cooper, Jr.

(Name of Person)

Bryant Miller Olive P.A.

(Name of Firm/Company)

101 N. Monroe St., Ste 900

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Charles L. Cooper, Jr. at (**850**) **222-8611**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509.

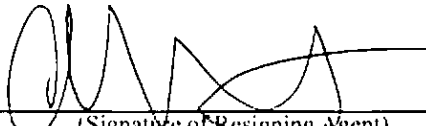
Florida Statutes, the undersigned, Charles L. Cooper, Jr.
(Name of Registered Agent)

hereby resigns as Registered Agent for Tampa Financial Company, Inc.
(Name of Corporation)

P98000011086
(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

FILED
2017 JUL 28 AM 8:33
TALLAHASSEE, FLORIDA