P98000012916

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE DIVISION OF COMPONATION OF COMPONENTS OF STATE

MAR 8 2016

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THUNDER BAY WATERPROOFING, INC.

(Name of Corporation)

DOCUMENT NUMBER: P98000012916

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:

HARRY H. RABB CPA

(Name of Person)

CORMIER & RABB, CPAs

(Name of Firm/Company)

28163 US HWY 19N, STE 204

(Address)

CLEARWATER, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

HARRY H RABB

...727 \...796-2459

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



Pursuant to the provisions of sections 607.050)2(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, HARRY	H. RABB
, <u></u>	(Name of Registered Agent)
hereby resigns as Registered Agent for THUN	NDER BAY WATERPROOFING, INC.
	(Name of Corporation)
P98000012916	
(Document Number, if known)	
A copy of this resignation was mailed to the a	above listed corporation at its last known address.
this statement is filed.	ntinued on the 31st day after the date on which 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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