## P980000085823

(Res	questor's Name)	
(Add	dress)	
(Address)		
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300009106843

11/22/02--01055--082 \*\*35.00

02 NOV 22 PH 3: 25

13/2/02 1/05/15/40

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Team #1, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P98000085823
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:
Pasco Gibson
(Name of Person)
(Name of Firm/Company)
5370 Broad Street
(Address)
Milton, FL 32570
(City/State and Zip Code)
For further information concerning this matter, please call:
Pasco Gibson, Jr. at ( 850 ) 6260005
Pasco Gibson, Jr. at (850) 6260005 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED
02 NOV 22 PM 3: 25

ritual way be crea
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Pasco Gibson, Jr.
(Name of Registered Agent)
hereby resigns as Registered Agent for Team #1, Inc.
(Name of Corporation)
P98000085823
(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 comoration
\$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withdrawn corporation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