P9900037369

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



200109219202

09/13/07--01045--005 **87.50

Wood

5

O7 SEP 13 AM 9: 16
SECRETARY OF STATE

COVER LETTER

	(Name of Person) (Area Code & Daytime Telephone Number)
Barry J. Bootl	h at (954) 931-3351
For further info	rmation concerning this matter, please call:
	(City/State and Zip Code)
Ft. Lauderda	le, FL 33301
	(Address)
4 West Las C	Dlas Blvd, Suite 610
	(Name of Firm/Company)
TFSG Proper	
	(Name of Person)
Barry J. Boot	
Please return al	l correspondence concerning this matter to the following:
	esignation of Registered Agent for a Corporation and fee are submitted for filing.
OCUMENT	
	(Name of Corporation)
SUBJECT: TF	SG Properties, Inc.
Division	n of Corporations
	ment Section

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	s 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,
Florida Statutes, the undersigned,	Bruce C. Barber	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	TFSG Properties, Inc.	
	(Name of Corporation)	
P99000037369		
(Document Number, if known)		
A copy of this resignation was mailed	d to the above listed corporation at its last know	/n address.
The agency is terminated and the offithis statement is filed.	ice discontinued on the 31st day after the date o	n which
	In Buh	
	(Signature of Resigning Agent)	4
If signing on behalf of an entity:		_
		語る力
	(Typed or Printed Name)	醫 二
	,	SSE 3 III
		mor in
	(Capacity)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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