## 501165

Rec	questor's Name)	
7071)	questor s Marrie)	
(Add	tress)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(Add	dress)	
·		
(City	//State/Zip/Phone	<del>)</del> #)
		-
☐ PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
	an 1189 .	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		i

Office Use Only



200019187112

05/30/03--01053--008 \*\*542.50

TILED

83 HAY 30 M 10: 24
SECRETARY OF STATE
AFLANASSEE, FLORIDA

Ma ha Heall

## TRANSMITTAL LETTER

SUBJECT: Tiger International of Sa	ırasota, Inc.
1.0000004	(Name of Corporation)
DOCUMENT NUMBER: 1.0000001	2507 2571 4 3
The enclosed Resignation of Registered	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Andrew Badolato	
(Name of Person)	
(Name of Firm/Compar	ny)
7820 South Holiday Drive, Suite 32	20
(Address)	
Sarasota, Florida 34231	
(City/State and Zip Cod	de)
For further information concerning this	matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150
Florida Statutes, the undersigned, Andrew Badolato
(Name of Registered Agent)
hereby resigns as Registered Agent for Tiger International of Sarasota, Inc.
(Name of Corporation)
S01165
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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