## 508691

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Name)			
(Document Number)				
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SECRETARY OF STATE

R.A. Resign

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: TNT Promotions, Inc.	
	(Name of Corporation)	
DOC	UMENT NUMBER: S08691	
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
Please	e return all correspondence concerning this matter to the following:	
Bria	n R. French	
	(Name of Person)	
Trar	ntalis Law Offices	
	(Name of Firm/Company)	
225	5 Wilton Drive	
	(Address)	
Wilt	on Manors, FL 33305	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
Bria	n R. French at ( 954 ) 566-2226	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sectio	ns 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	TONY LURIE	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for TNT Promotions, Inc.	
	(Name of Corporation)	
S08691		
(Document Number, if known)	<del></del>	
A copy of this resignation was mail	led to the above listed corporation at its last known	own address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date (Signature of Resigning Agent)	on which
If signing on behalf of an entity:		
N/A		ZOUS DEC
	(Typed or Printed Name)	In C
N/A	·	SSEE, F
	(Capacity)	10 to to
		至量 5

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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