

708729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
15 DEC -3 AM 3:41

FA Resign

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15 DEC -3 PM 2:32
SECRETARY OF STATE
ALL AMBASSIE PL OFFICE

DEC 04 2015
D CONNELL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TABERNACLE BAPTIST CHURCH INC.

OF TAMPA FLORIDA

708 729

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BAR

12/3

PM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

Your Capital Connection Inc
(Name of Registered Agent)

hereby resigns as Registered Agent for

TABERNACLE Baptist Church Inc.
(Name of Corporation)

708729

(Document Number, if known)

OF TAMPA, Florida

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.

Barbara Neely
(Signature of Resigning Agent)

If signing on behalf of an entity:

Your Capital Connection Inc
(Typed or Printed Name)

Client Rep.
(Capacity)

Fee for filing this document:

~~\$87.50~~ Active Corporation

\$35.00 Administratively dissolved/voluntarily dissolved/
withdrawn corporation

FILED
15 DEC -3 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314