

A05000000 2183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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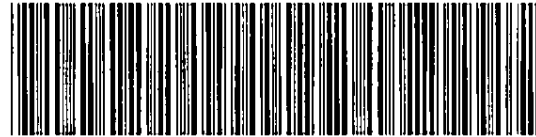
(Business Entity Name)

(Document Number)

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FEB 21 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.R. BEAL & COMPANY, A LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000002183

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

Contact Person

CORPORATION SERVICE COMPANY

Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City, State and Zip Code

RESIGN@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

Name of Contact Person

at (518) 433-7018

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

_____, hereby resigns as

Name of Registered Agent

Registered Agent for M.R. BEAL & COMPANY, A LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

A05000002183

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.

Robin Molt

Signature of Registered Agent

If signing on behalf of an entity:

BY ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

Capacity

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20 JAN 28 PM 1:35
OFFICE OF THE CLERK
OF THE FLORIDA DEPARTMENT OF STATE

Filing Fee: \$87.50

Certified Copy (optional): \$52.50