

(Requestor's Name)						
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(Business Entity Name)						
(Document Number)						
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## **COVER LETTER**

	CC	OVER LETT	ΓER			SA CONTRACTOR OF THE PROPERTY
TO;	Amendment Section Division of Corporations					10 N
SUBJ	FCT: 40  Name of Limited Pa	18 W. Vin	e Street, I	LLLP Limited Partnership	-	
DOC	UMENT NUMBER: <u>A11000</u>	000803	·			***
The e	nclosed Resignation of Registere	ed Agent and	l fee(s) are s	ubmitted for filing	3.	
Please	e return all correspondence conc	erning this m	atter to:			
	Bruce R. Schrad	er				
	Contact Person					
	Roetzel & Andress	1.04				
	Firm/Company	LPA				
	•					
	222 South Main Str	eet				
	Address					
	A) 011.4400					
	Akron, OH 4430 City, State and Zip Co					
	City, Blate and Elp Ct	ode				
Е	bschrader@ralaw. -mail address: (to be used for future an	com nual report not	ification)			
For fi	rther information concerning the	is matter, ple	ase call:			
	Bruce R. Schrader	at (	330 )	849-6604	l	
N	ame of Contact Person		<del></del> /	Daytime Telephone N		
Enclo	sed is a check made payable to t	he Florida D	epartment of	State for:		
<b>₽</b> \$81	7.50 Filing Fee S140	.00 (\$87.50 Fil	ling Fee and \$5	i2.50 Certified Copy	Fec)	
	CET ADDRESS:			G ADDRESS:		
			Amendme			
	on of Corporations			f Corporations		
	n Building Executive Center Circle		P. O. Box			
	Executive Center Circle		rananasse	e, FL 32314		

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

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the unde	rsigned.
	R&A Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for	4018 W. Vine Street, LLLP	
	Name of Limited Partnership or Limited Liability Lim	nited Partnership
A1100	0000803	
Florida Document	Number, if known	e de la companya de La companya de la co
The agent is termina the Florida Departm	ted on the 31 <sup>st</sup> day after the date on which this ent of State.  Signature of Registered Agent	statement is filed by
If signing on behalf	of an entity:	
_	Bruce R. Schrader	
	Typed or Printed Name	M-1-1
	Shareholder, General Counsel	<u></u>
	Capacity	

Filing Fee: \$87.50 Certified Copy (optional): \$52.50