A18394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DATE: 02/06/2025

NAME: QUALITY CENTERS EAST, LTD.

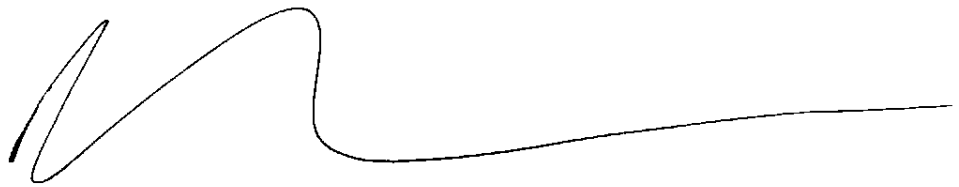
TYPE OF FILING: RESIGNATION OF RA

COST: 87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Centers East, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A18394

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

Please return all correspondence concerning this matter to:

Darmouth Capital Management, L.C.
Contact Person

Quality Centers East, Ltd.
Firm/Company

633 Dartmouth Street
Address

Orlando, FL 32804
City, State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____)_____
Name of Contact Person 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

INHS16 (01/06)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2025

FLORIDA FILING & SEARCH SERVICES

SUBJECT: QUALITY CENTERS EAST, LTD.
Ref. Number: A18394

We have received your document for QUALITY CENTERS EAST, LTD. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the Limited Partnership does not match the document number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 825A00002636

Please keep original file date

Thanks!

2025 FEB 11 PM 1:28

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

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

C. David Brown
Name of Registered Agent, hereby resigns as

Registered Agent for Quality Centers East, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

A18394
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.

Signature of Registered Agent

If signing on behalf of an entity:

C. David Brown, II, Esq.
Typed or Printed Name

Capacity

FILED
2025 FEB -6 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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