A19 000000389

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Ra Rosignation

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CORREDOR LIMI	TED
Name of Limited Par	tnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A19000	0000389
The enclosed Resignation of Registered	d Agent and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Agent Resignation Filin Contact Person	gs Team
Capitol Corporate Serv	ices, Inc.
Firm/Company	
PO Box 1831	
Address	
Austin, TX 7876	
City, out and 21p co.	l
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
Agent Resignation Filings Team Name of Contact Person	at (<u>800</u>) 345-4647 Area Code and Daytime Telephone Number
Enclosed is a check made payable to the	ne Florida Department of State for:
■\$87.50 Filing Fee ■\$140.0	00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Pursuant to the provi	sions of section 620.1116, Florida Statutes, the undersigned,	
Capit	ol Corporate Services, Inc. hereby resigns as	
	Name of Registered Agent	
Registered Agent for	CORREDOR LIMITED Name of Limited Partnership or Limited Liability Limited Partnership	,
	00000389 t Number, if known	
The agent is termin the Florida Departm	ated on the 31st day after the date on which this statement is filed by ment of State. Signature of Registered Agent	
If signing on behalf	of an entity:) , ,
	Yvette Cleveland	***
-	Typed or Printed Name	1
	Assistant Secretary	
-	Capacity	1.00 1.00 1.00 1.00

\$87.50

Filing Fee:

Certified Copy (optional): \$52.50