

A96000007L9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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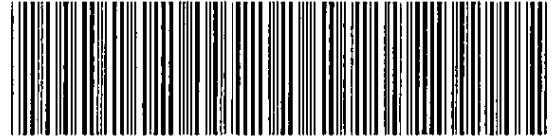
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE RAGGEDYS, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to:

ANDY BERTRON

Contact Person

NELSON MULLINS

Firm/Company

215 S MONROE STREET, SUITE 400

Address

TALLAHASSEE, FL 32301

City, State and Zip Code

ANDY.BERTRON@NELSONMULLINS.COM

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

For further information concerning this matter, please call:

ANDY BERTRON

at (850) 907-2507

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

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

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

ANDY BERTRON

_____, hereby resigns as
Name of Registered Agent

Registered Agent for THE RAGGEDYS, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

A96000000709

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:

Typed or Printed Name

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

2006
JUN 26
10:26