

B07000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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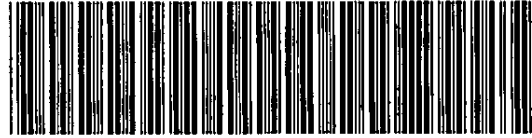
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RBA CAPITAL, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B07000000039

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

Please return all correspondence concerning this matter to:

Bonnie Yerry  
Contact Person

Corporation Service Company  
Firm/Company

80 State Street, 10th Floor  
Address

Albany, NY 12207  
City, State and Zip Code

bonnie.yerry@cscglobal.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Yerry at ( 800 ) 927-8901 ext 63002  
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)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
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 provisions of section 620.1116, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY, hereby resigns as  
Name of Registered Agent

Registered Agent for RBA CAPITAL, LP,  
Name of Limited Partnership or Limited Liability Limited Partnership

B07000000039  
Florida Document Number, if known

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

Bonnie Yerry  
Signature of Registered Agent

If signing on behalf of an entity:

Bonnie Yerry  
Typed or Printed Name  
Asst. Secretary  
Capacity

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

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA