

B95000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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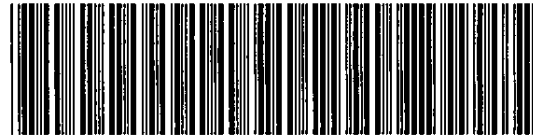
(Business Entity Name)

(Document Number)

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**CAPITOL  
SERVICES**

**Resignation of Registered Agent for  
Limited Partnership**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE: 3/15/2017  
STATE: FLORIDA  
REP UNIT: INDEPENDENCE TAX CREDIT  
PLUS L.P. II**

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Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 28392 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-65560L

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INDEPENDENCE TAX CREDIT PLUS L.P. II  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B95000000192

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

Please return all correspondence concerning this matter to:

Rhonda Peirce  
Contact Person

Capitol Services Registered Agent Department  
Firm/Company

PO Box 1831  
Address

Austin, TX 78767  
City, State and Zip Code

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

For further information concerning this matter, please call:

Rhonda Peirce at ( 800 ) 345-4647  
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,

Capitol Corporate Services, Inc., hereby resigns as  
Name of Registered Agent

Registered Agent for INDEPENDENCE TAX CREDIT PLUS L.P. II,  
Name of Limited Partnership or Limited Liability Limited Partnership

B95000000192  
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.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

Jason Fischer  
\_\_\_\_\_  
Typed or Printed Name  
Assistant Secretary  
\_\_\_\_\_  
Capacity

17 MAR 20 AM 12:05  
TALLAHASSEE, FLORIDA

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