

B99 00000000 47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

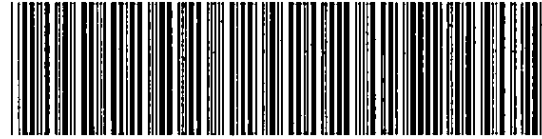
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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C. KIRK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDR THARPE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B99000000047

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

Please return all correspondence concerning this matter to:

Krystal Beckner
Contact Person

COGENCY GLOBAL INC.
Firm/Company

850 New Burton Rd., Suite 201
Address

Dover, DE 19904
City, State and Zip Code

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

For further information concerning this matter, please call:

Invoices Team at (866) 621-3524
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,

COGENCY GLOBAL INC., hereby resigns as
Name of Registered Agent

Registered Agent for EDR THARPE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

B99000000047
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.

Krystal Beckner
Signature of Registered Agent

If signing on behalf of an entity:

Krystal Beckner
Typed or Printed Name

Assistant Secretary
Capacity

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

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