

A95000040570

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☒ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
00 DEC 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS JAN 2 2001

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 22, 2000

MICHAEL H. LEEDS, ESQ.
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BOCA RATON, FL 33432

SUBJECT: 3066 NORTH ATLANTIC LIMITED PARTNERSHIP and CHALMONT
ASSOCIATES LIMITED
Ref. Number: A95000000570

We have received your document for 3066 NORTH ATLANTIC LIMITED PARTNERSHIP and CHALMONT ASSOCIATES LIMITED and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent from a dissolved limited partnership active or dissolved is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 300A00059949

RESIGNATION OF REGISTERED AGENT

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00 DEC 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, BRCMC, INC.
(Name of registered agent)

hereby resigns as Registered Agent for 3066 North Atlantic Limited Partnership
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Michael H. Leeds
(Signature of resigning agent)

If signing on behalf of an entity:

MICHAEL H. LEEDS
(Typed or Printed Name)

ATTORNEY
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314