

A99000001168

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulfstream Capital, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A99000001168

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

Please return all correspondence concerning this matter to:

Alina Artamendi, Legal Assistant

(Contact Person)

Packman Neuwahl & Rosenberg

(Firm/Company)

1500 San Remo Avenue, Suite 125

(Address)

Coral Gables, FL 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

Malcolm H. Neuwahl, Esq. at ( 305 ) 665-3311

(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

INHS16 (01/06)

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

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

**Atrium Registered Agents, Inc.**

(Name of Registered Agent)

Registered Agent for **Gulfstream Capital, Ltd.**

(Name of Limited Partnership or Limited Liability Limited Partnership)

**A99000001168**

(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:

**Malcolm H. Neuwahl, Esq.**

Typed or Printed Name

**Vice President**

Capacity

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

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**TALLAHASSEE, FLORIDA**