

B17000000205

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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**REGISTERED AGENT RESIGNATION
BANBURY SHOPPES, L.P.**

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SEP 03 2019

M. SOLOMON

COVER LETTER

H19000261894 3

TO: Amendment Section
Division of Corporations

SUBJECT: BANBURY SHOPPES, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B17000000205

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

Please return all correspondence concerning this matter to:

Amanda Archambault

Contact Person

INCORPORATING SERVICES, LTD.

Firm/Company

3500 South DuPont Highway

Address

Dover, DE 19904

City, State and Zip Code

aarchambault@incserv.com

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

For further information concerning this matter, please call:

Amanda Archambault

Name of Contact Person

at (302)

531-0711

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

2019 AUG 30 PM 1:28

H79000261894

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

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

INCORPORATING SERVICES, LTD.

Name of Registered Agent

hereby resigns as

Registered Agent for BANBURY SHOPPES, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

B17000000205

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.

Amanda Archambault

Signature of Registered Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

2019 AUG 30 PM 1:28