

A990000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

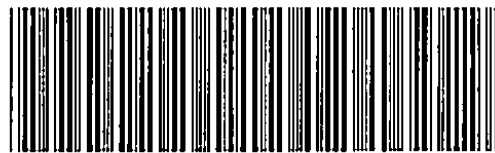
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



70033463236

7003346323
09/19/19--01003--008

19 SEP 19 PM 4:32

X SALY
OCT - 8 2019

FILED
OCT 10 2019
FBI - ALBANY

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

GPR INVESTMENTS, LTD

PLEASE RETURN A STAMPED COPY

CK# 8391 FOR: \$687.50

87.50
(\$87.50 for this filing)

THANK YOU!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2019

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: GPR INVESTMENTS, LTD.
Ref. Number: A99000000530

19 OCT - 7 PM 3:45

We have received your document for GPR INVESTMENTS, LTD. and your check(s) totaling \$687.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the document.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 919A00019396

RE-SUBMITTING
w/ CORRECTIONS

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

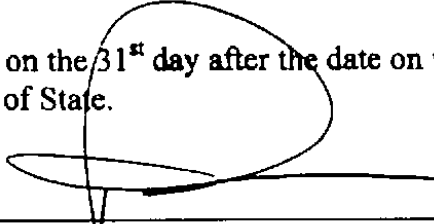
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

ATRIUM REGISTERED AGENTS, INC., hereby resigns as
Name of Registered Agent

Registered Agent for GPR INVESTMENTS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

A99000000530
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.



Signature of Registered Agent

If signing on behalf of an entity:

RALPH A. NARDI
Typed or Printed Name
VICE PRESIDENT, DIRECTOR
Capacity

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

FILED
MAR 2 2004
TALLAHASSEE, FLORIDA