

A04000001052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

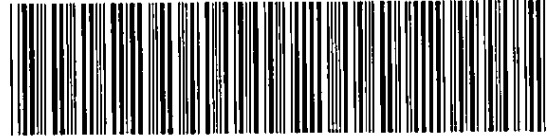
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OCT 22 2019

M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1. SCHLESINGER INVESTMENTS, LLLP

PLEASE RETURN A STAMPED COPY

CHECK# 8426 FOR: \$525.00 (\$87.50 for this filing)

THANK YOU!

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

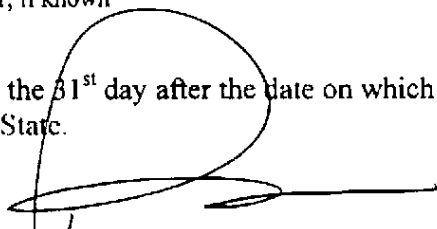
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

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

Registered Agent for SCHLESINGER INVESTMENTS, LLLP,
Name of Limited Partnership or Limited Liability Limited Partnership

A04000001058
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

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