

A0300001091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

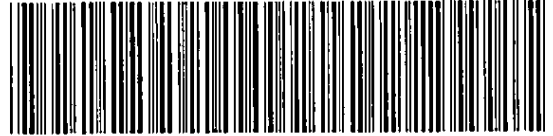
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rec'd
10-21-19

Office Use Only



700335997407

10/22/19--01009--001 **525.00

19 OCT 22 AM 7:49

2019 OCT 21 AM 11:56

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. SELEM INVESTMENTS, LLLP

PLEASE RETURN A STAMPED COPY

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

THANK YOU!

