

A000000000734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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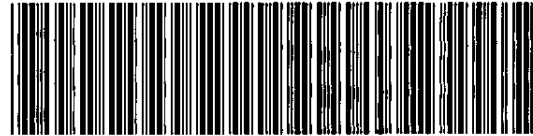
(Business Entity Name)

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10 NOV 22 AM 9:48

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Formoso Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A000000000 734

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

Please return all correspondence concerning this matter to:

Therese Taylor
Contact Person

HobbsThyssen, LLC
Firm/Company

301 S. New York Ave, Suite 200
Address

Winter Park, FL 32789
City, State and Zip Code

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

For further information concerning this matter, please call:

Therese Taylor at (407) 691 0505
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

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

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

Holt Thysson, LLC, hereby resigns as
Name of Registered Agent

Registered Agent for Fernando Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

A00000000734
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]
Signature of Registered Agent

If signing on behalf of an entity:

Robert P. Holt
Typed or Printed Name

managing member
Capacity

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