

Nov-02-04
Division of Corporations

A0000000001189

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000218897 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0380

From:
Account Name : Katz Barron Squitiero Faust
Account Number : 072627002473
Phone : (305) 856-2444
Fax Number : (305) 285-9227

RECEIVED
04 NOV -3 AM 8:02
DIVISION OF CORPORATIONS

FILED
04 NOV -3 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
THACKER FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

87.50

Electronic Filing Menu

Corporate Filing

Public Access Help

* Fax Audit Number: H04000218897 3

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THACKER FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: A00000001189

The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Anna Krimshstein

(Name of Person)

Katz Barron Squitiero Faust

(Name of Firm/Company)

2699 S. Bayshore Drive, 7th Floor

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Krimshstein

(Name of Person)

at (305) 856-2444

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$87.50 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Fax Audit Number: H04000218897 3

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

Corpco, Inc.

(Name of Registered Agent)

, hereby resigns as Registered

Agent for THACKER FAMILY LIMITED PARTNERSHIP

(Name of Limited Partnership)

A00000001189

(Document Number, if known)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature)

FILING FEE: \$ 87.50

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Fax Audit Number: H04000218897 3

04 NOV -3 AM 10:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA