A00000001208

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:



NOV 10 2011

EXAMINER

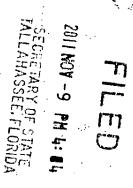
Office Use Only



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08/23/11--01012--013 **542.50

11/10/11--01001--009 **315.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2011

GREG HALL STEWART TITLE 3401 WEST CYPRESS SUITE 202 TAMPA, FL 33607

SUBJECT: ACQUIRE I, LLLP Ref. Number: A00000001208

We have received your document for ACQUIRE I, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are unable to contact Michelle B. Tagert, ESQ. conserning this matter.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 211A00023267

: F Kd 6- ACN 118

COVER LETTER

Division of Corporations	
SUBJECT: ACQUIRE 1, LLLP	
	aip or Limited Liability Limited Partnership
DOCUMENT NUMBER: A00000001208	
The enclosed Resignation of Registered Age	ent and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GREG HALL	
Contact Person	
STEWART TITLE	· · · · · · · · · · · · · · · · · · ·
Firm/Company	· · · · · · · · · · · · · · · · · · ·
3401 WEST CYPRESS, SUITE 202	. i.
Address	
TAMPA, FL 33607	2011 ALL:
City, State and Zip Code	
	SSE -9
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	Sz : (7
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flo	orida Department of State for:
\$87.50 Filing Fee \$140.00 (\$8	37.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	rationance in and th

RESIGNATION OF REGISTERED AGENT LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the under	signed,	
ACQUIRE CORPORATION		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	ACQUIRE I, LLLP		
	Name of Limited Partnership or Limited Liability Limi	ted Partnership	
A00000001208	·		
Florida Document	Number, if known		
the Florida Departm	Signature of Registered Agent	2011 NOV -9 PM SECRETARY OF STARY OF ST	
If signing on behalf	of an entity:	ORIGE D	
	JACQUE CASTLE	हितां 🥦	
_	Typed or Printed Name		
	PRESIDENT , LIMITED LIABILI	TY PARTERSHIP MANAG	
	Capacity MANAGER		

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

\$87.50