

A0000000/208

(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:

needs \$2.50
A. LUNT

NOV 10 2011

EXAMINER

Office Use Only



000211290100

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 4:04

FILED



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. concerning this matter.

There is a balance due of \$52.50.

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

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

Agnes Lunt
Regulatory Specialist II

Letter Number: 211A00023267

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 4:04

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACQUIRE I, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A00000001208

The enclosed Resignation of Registered Agent 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

Address

TAMPA, FL 33607

City, State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at ()

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

2011 NOV -9 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

ACQUIRE CORPORATION

, hereby resigns as

Name of Registered Agent

Registered Agent for ACQUIRE I, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

A00000001208

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed with the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

JACQUE CASTLE

Typed or Printed Name

PRESIDENT, LIMITED LIABILITY PARTNERSHIP MANAGER

Capacity MANAGER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 NOV -9 PM 4:04

FILED

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