

A01000000059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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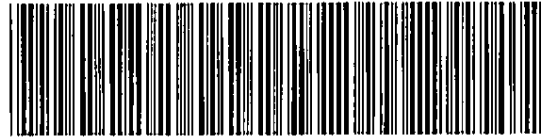
(Business Entity Name)

(Document Number)

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SEP 05 2019

M. SOLOMON

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

DAVIS ASSOCIATES AND PARTNERS LTD., LLLP

PLEASE RETURN A STAMPED COPY

CK# 8337      FOR:    \$302.50      (\$87.50 for this filing)

THANK YOU!

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

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

ATRIUM REGISTERED AGENTS, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for DAVIS ASSOCIATES AND PARTNERS, LTD. LLLP,  
Name of Limited Partnership or Limited Liability Limited Partnership

A01000000059  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by  
the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

RALPH A. NARDI  
Typed or Printed Name  
VICE PRESIDENT, DIRECTOR  
Capacity

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

2018 SEP -4 1:38  
CLERK OF COURT  
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