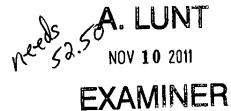
## A0100000/429

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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Special Instructions to Filing Officer:



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2011

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

SUBJECT: ACQUIRE IV, LLLP Ref. Number: A01000001429

We have received your document for ACQUIRE IV, 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.

Letter Number: 711A00023265

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

Division of Corporations		
SUBJECT: ACQUIRE IV, LLLP	·	
Name of Limited Partnership or Li	mited Liability Limited Partnership	
DOCUMENT NUMBER: A01000001429		
The enclosed Resignation of Registered Agent and	I fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to:	
GREG HALL		
Contact Person	•	
STEWART TITLE		
Firm/Company		
3401 WEST CYPRESS, SUITE 202		
Address	50.2 · N	
TAMPA, FL 33607	SECRE AND A	
City, State and Zip Code	ASS.	
E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, ple	ase call:	
at (_		
Name of Contact Person A	rea Code and Daytime Telephone Number	
Enclosed is a check made payable to the Florida D	epartment of State for:	
\$87.50 Filing Fee \$140.00 (\$87.50 Fil	ing Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section	
Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301	· ····································	

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

Pursuant to the provi	sions of section 620.1116, Florida Statutes, the undersi	gned,	
JACQUE	CASTLE	, hereby resigns as	
	Name of Registered Agent	, ,	
Registered Agent for	ACQUIRE IV, LLLP		
5 5	Name of Limited Partnership or Limited Liability Limite	d Partnership	
A01000001429			
Florida Documen	n Number, if known		
The agent is termin the Florida Departs	nated on the 31 <sup>st</sup> day after the date on which this stanent of State.	atement is filed by	
	Signature of Registered Agent	NOV -9	
If signing on behal-	f of an entity:	To a man	
•	JACQUE CASTLE	Service Servic	
-	Typed or Printed Name		
	PRESIDENT, LIMITED LIABILITY PAR	NERSHIR N/-ER	
-	Capacity	<del>-</del>	

Filing Fee:

Certified Copy (optional): \$52.50