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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

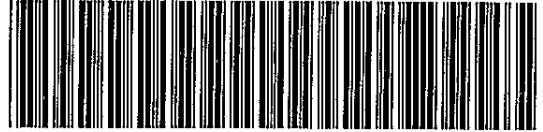
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July 29, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: RESIGNATION OF AGENT

Dear Sir/Madam:

Enclosed please find 2 Resignations of Registered Agent form along with 2 checks in the amount of \$87.50 each for the cost of these filings. If you have any problems or questions regarding this, please contact my office.

Sincerely,

Tracy Hatfield
Registered Agent Specialist
National Corporate Research, Ltd.

/tah
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LARAMIE ERROL LTD.

(Name of Limited Partnership)

DOCUMENT NUMBER: A02000000427

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:

Tracy Hatfield

(Name of Person)

National Corporate Research, Ltd.

(Name of Firm/Company)

615 S. DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Hatfield

(Name of Person)

at (800) 483-1140

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

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

NATIONAL CORPORATE RESEARCH, LTD, Inc., hereby resigns as Registered
(Name of Registered Agent)

Agent for LARAMIE ERROL LTD.
(Name of Limited Partnership)

A02000000427
(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.

Wayne Rafanelli, VP
(Signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**