

A02000001178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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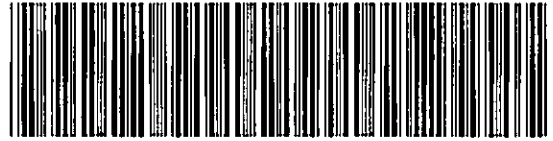
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bellinger Enterprises, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000001178

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Richard P. Bellinger
Contact Person
Bellinger Enterprises, Ltd.
Firm/Company
9810 Kirkstone Terrace Drive
Address
Spring, TX 77379
City, State and Zip Code
rpbellinger@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard P. Bellinger at (561) 309-6078
Name of Contact Person 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)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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

Richard P. Bellinger

_____, hereby resigns as
Name of Registered Agent

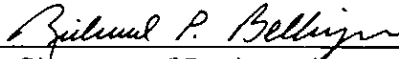
Registered Agent for Bellinger Enterprises, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

A02000001178

Florida Document Number, if known

The agent is terminated on the 31st 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:

RPB Management, Inc.

Typed or Printed Name

President

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

APPROVED
AND
FILED
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TALLAHASSEE, FLORIDA