A04000000735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Resignation of RA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
2009 JAN 13 AM 10:41
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

AR
1/13/09

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 857061 7448543

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 87.50

ORDER DATE : January 13, 2009

ORDER TIME : 10:02 AM

ORDER NO. : 857061-005

CUSTOMER NO: 7448543

DOMESTIC AMENDMENT FILING

NAME: CAPE HAZE PARTNERS, LLLP

EFFECTIVE DATE:

XX___ RESIGNATION OF REGISTERED AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

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2009 JAN 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Lemon Bay Associates, LLC, hereby resigns as
(Name of Registered Agent)

Registered Agent for Cape Haze Partners, LLLP,
(Name of Limited Partnership or Limited Liability Limited Partnership)

A04000000735.
(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:

David H. Baldauf
Typed or Printed Name

Manager
Capacity

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