

A040000000735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

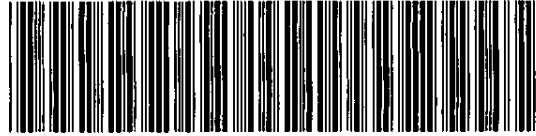
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Resignation
of RA

FILED

2009 JAN 13 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2009 JAN 13 AM 10:41

NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

AR
1/13/09



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 857061 7448543
AUTHORIZATION : *[Signature]*
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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RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Lemon Bay Associates, LLC

hereby resigns as

(Name of Registered Agent)

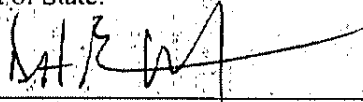
Registered Agent for Cape Haze Partners, LLLP

(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