

A07000000901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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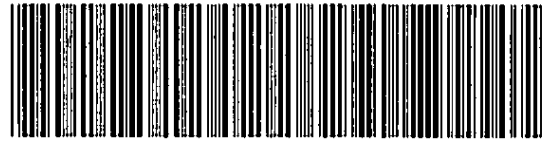
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE GAMBINO FAMILY LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000000901

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

Please return all correspondence concerning this matter to:

BARBARA M. PIZZOLATO, ESQ.

Contact Person

BARBARA M. PIZZOLATO, P.A.

Firm/Company

12751 NEW BRITTANY BLVD., STE 402

Address

FORT MYERS, FL 33907

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA M. PIZZOLATO

at (239) 225-7911

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,

BARBARA M. PIZZOLATO, PA

, hereby resigns as

Name of Registered Agent

Registered Agent for THE GAMBINO FAMILY LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

A07000000901

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:

BARBARA M. PIZZOLATO, PA

Typed or Printed Name

PRESIDENT

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

FILED
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TALLAHASSEE, FL