

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : BAKER & HOSTETLER LLP  
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REGISTERED AGENT RESIGNATION  
BIZ-MACC, LLLP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BIZ-MACC, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000001291

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

Please return all correspondence concerning this matter to:

Evelyn Rodriguez

Contact Person

Baker & Hostetler, LLP

Firm/Company

200 S. Orange Avenue, SUITE 2300

Address

Orlando, Florida 32801

City, State and Zip Code

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

For further information concerning this matter, please call:

Evelyn Rodriguez

at (407) 649-4071

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,

David L. Schick

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

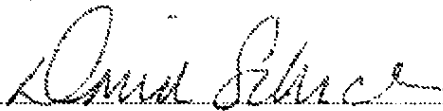
Registered Agent for BIZ-MACC, LLLP

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A07000001291

\_\_\_\_\_  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

2023 MAR 28 PM 12:10