

A08000000006

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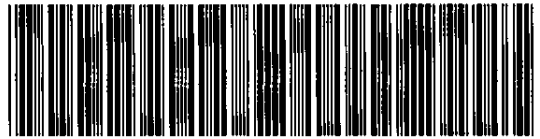
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RA Resign
Thurs
6-24-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coast 2 Coast Management Partners, I.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to:

Sofi Moncayo
Contact Person

Coast 2 Coast Management
Firm/Company

307 Fifth Avenue, 16th Floor
Address

New York, NY 10016
City, State and Zip Code

sofi@hresg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sofi Moncayo at (646) 300-7978
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)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

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

William Cannon, Jr., hereby resigns as
Name of Registered Agent

Registered Agent for Coast 2 Coast Management Partners, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

A08000000006
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.

William Cannon, Jr.
Signature of Registered Agent

If signing on behalf of an entity:

William Cannon, Jr.
Typed or Printed Name
Registered Agent
Capacity

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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