A0800000741

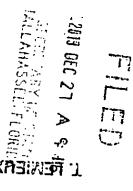
(Requestor's Name)	
(Address)	
- (Address)	
(City/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



300338483563

MIN DEC 27 PM 3 28



DEC 3 0 3018

Incorporating Services, Ltd.

1540 Glanway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM !

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 12/27/2019

850-245-6051

PRIORITY Routine

4.

OUR REF # (Order ID#) None

ORDER ENTITY

GANS FAMILY INVESTMENTS, LLLP

PLEASE PERFORM THE FOLLOWING SERVICES: GANS FAMILY INVESTMENTS, LLLP

File the attached resignation document

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 27, 2019 Page 1 of 1

H2900085521 3 RESIGNATION OF REGISTERED AGENT LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersign	gned,
INCORPORATING SERVICES, LTD, In	ereby resigns as
Name of Registered Agent	
Registered Agent for GANS FAMILY INVESTMENTS, LLL Name of Limited Partnership or Limited Liability Limite	P d Partnership
A0800000741	
Florida Document Number, if known	
The agent is terminated on the 31 st day after the date on which this stathe Florida Department of State.	·
Figure of Registered Agent	
If signing on behalf of an entity:	
Amanda Archambault	
Typed or Printed Name	_
Assistant Secretary	
Capacity	
Filing Fee: \$87.50 Certified Copy (optional): \$52.50	FILED ZUB DEC 27 A % I