

A09000000388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

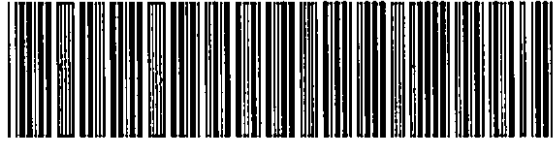
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JUL 25 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 28 2017  
J. HARRIS



**REGISTERED AGENT**  
SOLUTIONS INC

*Corporate Office*  
1701 Directors Blvd.  
Suite 300  
Austin, TX 78744

(888) 705-7274 *Phone*  
(888) 706-7274 *Fax*  
[www.rasi.com](http://www.rasi.com) *Web*

July 21, 2017

Florida Secretary of State  
Amendment Section  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Entity Resignations

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original and one copy of the Resignation of Registered Agent statement.
- \$87.50 Filing fee

Please file immediately the enclosed, and return a file-stamped copy of each resignation to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274.

Sincerely,

Mary Castillo  
Registration Specialist  
Registered Agent Solutions, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAMPBELL ARMS PRESERVATION ASSOCIATES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A09000000388

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

Please return all correspondence concerning this matter to:

Mary Castillo

Contact Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 Directors Blvd., Ste 300

Address

Austin, TX 78744

City, State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Mary Castillo

at (

888

705-7274

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,

**REGISTERED AGENT SOLUTIONS, INC.**

hereby resigns as

Name of Registered Agent

Registered Agent for

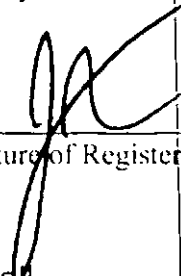
CAMPBELL ARMS PRESERVATION ASSOCIATES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**A09000000388**

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:

**Justine Karnell**

Typed or Printed Name

**Assistant Secretary**

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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