

A10000000347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: Bellinger Investments, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000347

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

Please return all correspondence concerning this matter to:

Richard P. Bellinger

Contact Person

Bellinger Investments, Ltd.

Firm/Company

9810 Kirkstone Terrace Drive

Address

Spring, TX 77379

City, State and Zip Code

rpbellinger@gmail.com

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

For further information concerning this matter, please call:

Richard P. Bellinger

at (561) 309-6078

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,

Richard P. Bellinger

Name of Registered Agent

hereby resigns as

Bellinger Investments, Ltd.

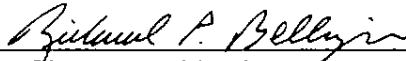
Registered Agent for

Name of Limited Partnership or Limited Liability Limited Partnership

A10000000347

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:

RPB Management, Inc.

Typed or Printed Name

President

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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AND
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REGISTERED AGENT
STATE OF FLORIDA