

A10000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

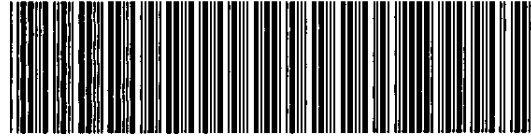
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200209948002

07/27/11--01017--006 \*\*87.50

FILED

11 JUL 27 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 28 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP II  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A10000000872

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

Please return all correspondence concerning this matter to:

KRISTIN M. SMYKLO

Contact Person

CHAPIN, BALLERANO & CHESLACK

Firm/Company

1201 GEORGE BUSH BLVD

Address

DELRAY BEACH, FL 33483

City, State and Zip Code

WEN4JIM@MSN.COM

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

For further information concerning this matter, please call:

KRISTIN M. SMYKLO

Name of Contact Person

at ( 561 ) 272-1225

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

FILED  
11 JUL 27 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

CHAPIN, BALLERANO & CHESLACK, hereby resigns as  
Name of Registered Agent

Registered Agent for J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP II,  
Name of Limited Partnership or Limited Liability Limited Partnership

A10000000872  
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:

BRIAN G. CHESLACK  
Typed or Printed Name  
MANAGER  
Capacity

**FILED**  
11 JUL 27 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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