A11000000135

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T. HAMPTON

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MC DADE, L.P. Name of Limited Partnership or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A11000000135		
The enclosed Resignation of Registered Agent and	fee(s) are submitted for filing	
Please return all correspondence concerning this matter to:		
voice in a consequence voice in the inc		
Rhonda Peirce		
Contact Person		
Capitol Services Registered Agent Department		
Firm/Company		
800 Brazos, Suite 400		
Address		
Aughin Taura 70704		
Austin, Texas 78701 City, State and Zip Code		
ony, plate and the code		
E-mail address: (to be used for future annual report notif	fication)	
For further information concerning this matter, please call:		
•	800) 345-4647	
	ea 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 Fili	ng Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

Return acknowledgment to:

INHS16 (01/06)

Capitol Services, Inc.

P.O. Box 1831 Austin, TX 78767
800/345-4647

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

Pursuant to the provis	ons of section 620.1116, Florida Statutes, the undersigned,
·	ol Corporate Services, Inc. , hereby resigns as
	Name of Registered Agent
Registered Agent for	MC DADE, L.P. Name of Limited Partnership or Limited Liability Limited Partnership
A1100	0000135
	Number, if known
The agent is termina the Florida Departm — If signing on behalf	Signature of Registered Agent
	Jason Fischer
_	Typed or Printed Name
_	Assistant Secretary
_	Canacity

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