

A13000000585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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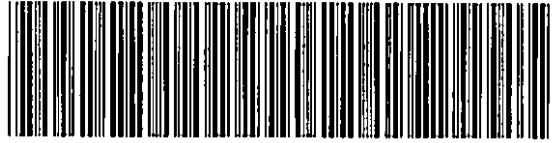
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

1/17/19 DS



**Resignation of Registered Agent for
Limited Partnership or Limited Liability
Limited Partnership**

■ **Capitol Corporate Services, Inc.**
PO Box 1831
Austin, TX 78767
Phone: (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 1/9/2019
STATE: FLORIDA
REP UNIT: FLORIDA INCOME OPPORTUNITY
FUND, LTD.**

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership or Limited Liability Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 30459 in the amount of \$7.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

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2019 JAN 14 A 11:14
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

Capitol Corporate Services, Inc.
Registered Agent Services



24-91068N

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA INCOME OPPORTUNITY FUND, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13000000585

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

Please return all correspondence concerning this matter to:

Casey Bice

Contact Person

Capitol Services Registered Agent Department

Firm/Company

PO Box 1831

Address

Austin, TX 78767

City, State and Zip Code

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

For further information concerning this matter, please call:

Casey Bice

Name of Contact Person

at (800) 345-4647

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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

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

Capitol Corporate Services, Inc.

Name of Registered Agent

hereby resigns as


Registered Agent for FLORIDA INCOME OPPORTUNITY FUND, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A13000000585

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:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

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

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STATE CLERK
TALLAHASSEE, FLORIDA

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

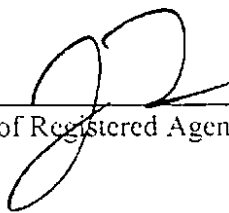
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for FLORIDA INCOME OPPORTUNITY FUND, LTD.,
Name of Limited Partnership or Limited Liability Limited Partnership

A13000000585
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:

Jason Fischer
Typed or Printed Name

Assistant Secretary
Capacity

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2019 JAN 14 A 4:16
OFFICE OF THE
CLERK OF THE
FLORIDA DEPARTMENT OF
STATE
TALLAHASSEE, FL 32304

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



Return Acknowledgement to:

Capitol Services, Inc.
PO Box 1831
Austin, TX 78767
800 345 4647