

A1400000042

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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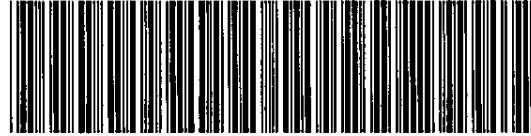
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2015  
11:31 AM

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bearsden Partners, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14000000042

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

Please return all correspondence concerning this matter to:

ROBIN MOLT

Contact Person

CORPORATION SERVICE COMPANY

Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City, State and Zip Code

RMOLT@CSCINFO.COM

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

For further information concerning this matter, please call:

ROBIN MOLT

Name of Contact Person

at ( 518 )

Area Code and Daytime Telephone Number

433-7018

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

2015 SEP - 9 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

CORPORATION SERVICE COMPANY

Name of Registered Agent

, hereby resigns as

Registered Agent for Bearsdan Partners, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

A14000000042

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.

Robin Molt on behalf of  
Signature of Registered Agent

Corporation

Service Company

If signing on behalf of an entity:

Robin Molt

Typed or Printed Name

ASST SECRETARY

Capacity

**Filing Fee:** \$87.50

**Certified Copy (optional):** \$52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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