

A15 C000 000 357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

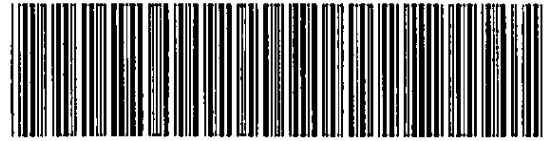
(Business Entity Name)

(Document Number)

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A. RIVERS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Copanos Investment Holdings I L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A15000000357

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

Please return all correspondence concerning this matter to:

Carol H. Bilotti

Contact Person

All Florida Tax Consulting Inc

Firm/Company

4801 S University Dr., Ste 120

Address

Davie, FL 33328

City, State and Zip Code

acloudhopper@yahoo.com

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

For further information concerning this matter, please call:

Carol H. Bilotti

at (954) 336-9689

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**

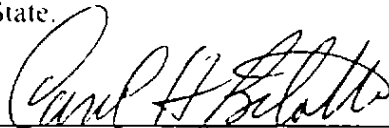
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
All Florida Tax Consulting Inc
_____, hereby resigns as
Name of Registered Agent

Registered Agent for Copanos Investment Holdings I, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership
A15000000357

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:

Carol H. Bilotti

Typed or Printed Name

President

Capacity

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

FILED
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