

A15625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VECTOR INTERCOASTAL ASSOCIATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A15625

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

ALANY NY 12207

City, State and Zip Code

RMOLT@CSCGLOBAL.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) 433-7018

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

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

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

PRENTICE-HALL CORPORATION SYSTEM, INC. hereby resigns as
Name of Registered Agent

Registered Agent for VECTOR INTERCOASTAL ASSOCATES, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

A15625
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:

ROBIN MOLT
Typed or Printed Name
ASST SECRETARY
Capacity

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA