

A17 000 000 469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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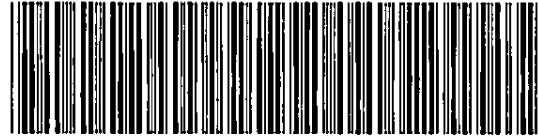
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

82 10/22/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPERICAL REEF, LP

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A17000000469

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

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

\_\_\_\_\_  
Contact Person

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Firm/Company

80 STRATE STREET

\_\_\_\_\_  
Address

ALBANY NY 12207

\_\_\_\_\_  
City, State and Zip Code

RESIGN@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

\_\_\_\_\_  
Name of Contact Person

at ( 800 ) 833-9848

\_\_\_\_\_  
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,  
CORPORATION SERVICE COMPANY  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for IMPERICAL REEF, LP  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership  
A17000000469  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

BY ROBIN MOLT  
\_\_\_\_\_  
Typed or Printed Name  
ASST SECRETARY  
\_\_\_\_\_  
Capacity

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

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TALLAHASSEE, FL