

A17025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

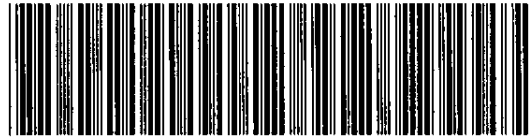
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2014

T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEADOWRUN ASSOCIATES, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17025

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

Please return all correspondence concerning this matter to:

Frank Gammon

Contact Person

Firm/Company

10604 Crescent Lake Court

Address

Clermont, FL 34711

City, State and Zip Code

fgammon@banyanhomes.com

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

For further information concerning this matter, please call:

Frank Gammon

Name of Contact Person

at (352) 267.4510

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,

Frank Gammon, hereby resigns as
Name of Registered Agent

Registered Agent for MEADOWRUN ASSOCIATES, LTD,
Name of Limited Partnership or Limited Liability Limited Partnership

A17025
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:

Frank Gammon
Typed or Printed Name

Capacity

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

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TALLAHASSEE, FLORIDA