A18 0000000109

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Division of Corporations		
SUBJECT: Ca	ason FP, LLLP	
Name of Limited Partnershi	ip or Limited Liability Limited Partnership)
DOCUMENT NUMBER: A180000001	109	
The enclosed Resignation of Registered Age	ent and fee(s) are submitted for filing	ıg.
Please return all correspondence concerning	this matter to:	
Donald W. Wallis		
Contact Person		
Upchurch, Bailey and Upchurch	ı, P.A.	
Firm/Company		
780 N. Ponce de Leon Blvd	d	
Address		
St. Augustine, Florida 3208	34	
City, State and Zip Code		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matt	ter, please call:	
Donald W. Wallis	_ at (904)829-906	6
Name of Contact Person	Area Code and Daytime Telephone	Number
Enclosed is a check made payable to the Flor	orida Department of State for:	
\$87.50 Filing Fee \$140.00 (\$8	87.50 Filing Fee and \$52.50 Certified Copy	y Fee)
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	1
Division of Corporations Clifton Building	Division of Corporations	1
2661 Executive Center Circle Tallahassee, FL 32301	P. O. Box 6327 Tallahassee, FL 32314	

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

Pursuant to the provisions of se	ection 620.1116, Florid	la Statutes, the undersigned,	
Dor	nald W. Wallis	, hereby resigns as	
Name of	Registered Agent	nereby resigns as	
Registered Agent for	Cason	FP, LLLP	
Name o	of Limited Partnership or	Limited Liability Limited Partnership	
A180000001)9		
Florida Document Number,	 '		
The agent is terminated on t the Florida Department of S		late on which this statement is filed by	
Ch	ard h hi	allo	
	Signature of Regist	ered Agent	
If signing on behalf of an en	tity:		
			,
	Typed or Printed	d Name) =)
	J.,	. \ '	1
	Capacity	 	
	Сарасну		-0
			:711
			C
Filing Fee:	\$87.50		
Certified Copy (optional): \$52.50	\$52.50	A copy of this resignation mailed to	ɔ :
		Cason FP, LLLP	
		Wendy Cason, General Partner 3942 S. Mill Site Ave	
		Boise ID 83716	