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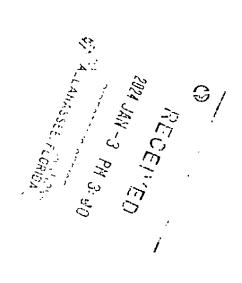
(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(0	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2024 JAN -3 PH 2: 57
SECRETARY OF SIME



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 01/03/2024

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY FOUNDATION SURETY & INSURANCE

SOLUTIONS, LP

PLEASE PERFORM THE FOLLOWING SERVICES: FOUNDATION SURETY & INSURANCE SOLUTIONS, LP

Please file the attached resignation.



\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: FOUNDATION SURETY & INSURANCE SOLUTIONS, LP Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A21000000231 The enclosed Resignation of Registered Agent and fec(s) are submitted for filing. Please return all correspondence concerning this matter to: Westley Look Contact Person Incorporating Services, Ltd. Firm/Company 3500 S DuPont Highway Address Dover, DE 19901 City, State and Zip Code wlook@incserv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Westley Look at (302) 531-0703

Area Code and Daytime Telephone Number Name of Contact Person Enclosed is a check made payable to the Florida Department of State for: \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee) ¥87.50 Filing Fee MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P. O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned	ed,
Incorporating Services, Ltd.	by resigns as
Name of Registered Agent	.,
Registered Agent for FOUNDATION SURETY & INSURANCE SOLU Name of Limited Partnership or Limited Liability Limited P	
A21000000231	
Florida Document Number, if known	
The agent is terminated on the 31 st day after the date on which this states the Florida Department of State. AFULL COMPLETED Signature of Registered Agent	·
If signing on behalf of an entity:	2021 JAN -3 2021 JAN -3 SECRETAR TALLAH
Amanda Archambault	- 전투(<i>문항</i> 편
Typed or Printed Name	PN 2:57
Assistant Secretary	温温 切
Capacity	1.1

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