

A21 000 000 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2024 JAN -3 PM 3:40
TALLAHASSEE, FLORIDA

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.

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,



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TALLAHASSEE, FL

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 fee(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

Name of Contact Person

at (302) 531-0703

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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

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

Incorporating Services, Ltd.

Name of Registered Agent

, hereby resigns as

Registered Agent for FOUNDATION SURETY & INSURANCE SOLUTIONS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

A21000000231

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.

A. Archambault

Signature of Registered Agent

If signing on behalf of an entity:

Amanda Archambault

Typed or Printed Name

Assistant Secretary

Capacity

2024 JAN -3 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Filing Fee: \$87.50

Certified Copy (optional): \$52.50