

A24394

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STATE OF FLORIDA
TALLAHASSEE

TO: Amendment Section
Division of Corporations

SUBJECT: Clear Inn, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 24394

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

Please return all correspondence concerning this matter to:

Royald A. Zell

Contact Person

Firm/Company

2225 Climbing Ivy Drive

Address

Tampa, FL 33618

City, State and Zip Code

roy21777@gmail.com

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

For further information concerning this matter, please call:

Royald Zell

Name of Contact Person

at (813) 963-7787

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,

Ronald B. Zolt, hereby resigns as
Name of Registered Agent

Registered Agent for Ocala Inn, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

A 24394
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.

Ronald B. Zolt
Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA