A25478

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DA)	dress)	
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COVER LETTER

Division of Corporations		
SUBJECT: SEMINOLE GULF RAILWAY LIMITED PARTNERSHIP		
Name of Limited Partn	ership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A25478	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The enclosed Resignation of Registered	Agent and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to:	
GORDON H. FAY		
Contact Person		
SEMINOLE GULF RAILWAY LIMITE	ED PARTNERSHI	
Firm/Company	-	
4110 CENTER POINTE DR. SUITE 207		
Address		
FORT MYERS, FL 33916-9424		
City, State and Zip Code	;	
JHANFT@SEMGULF.0	СОМ	
E-mail address: (to be used for future annu		
For further information concerning this	matter, please call:	
GORDON H. FAY	at (239) 275-6060	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the	Florida Department of State for:	
□\$87.50 Filing Fee	0 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	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, t	the undersigned,
SUSAN J. FAY	, hereby resigns as
Name of Registered Agent	, , , ,
Registered Agent for SEMINOLE GULF RAILWAY LIMIT Name of Limited Partnership or Limited Liab	
A25478	
Florida Document Number, if known	
The agent is terminated on the 31 day after the date on whithe Florida Department of State. Signature of Registered Agent Signing on behalf of an entity: Typed or Printed Name	TALLAHASSI TALLAHASSI
Capacity	ŕ

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