

# AZ6309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

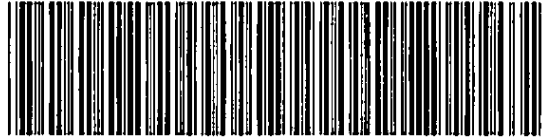
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000338248890

01/29/20--01029-- 002 --1111

FILED  
19 DEC 30 AM 7:17  
FBI ALBUQUERQUE

JAN 29 2020

S. YOUNG

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BETHAMY LIVING CENTER LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A26309

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

Please return all correspondence concerning this matter to:

Maggie Muszelik

Contact Person

TRAC - THE REGISTERED AGENT COMPANY

Firm/Company

715 Saint Paul Street

Address

Baltimore, MD 21202

City, State and Zip Code

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

For further information concerning this matter, please call:

Maggie Muszelik

Name of Contact Person

at ( 410 ) 752-8030

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**

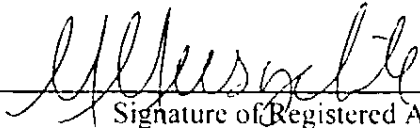
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

TRAC - THE REGISTERED AGENT COMPANY, hereby resigns as  
Name of Registered Agent

Registered Agent for BETHAMY LIVING CENTER LIMITED PARTNERSHIP,  
Name of Limited Partnership or Limited Liability Limited Partnership

A26309  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

Maggie Muszelik  
Typed or Printed Name  
Vice President  
Capacity

FILED  
DEC 30 AM 7:15  
19  
TALLAHASSEE, FLORIDA

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