

A26445

2/18/2016 9:50:24 AM From: To: 8506176380(1/4)
Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
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RE-SUBMIT

Please retain original filing date of submission 2/17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION
JAMES CABLE PARTNERS, LIMITED PARTNERSHIP

Certificate of Status	0
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487.50

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850-617-6381 2/18/2016 8:38:02 AM PAGE 1/001 Fax Server



February 18, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JAMES CABLE PARTNERS, LIMITED PARTNERSHIP
38710 WOODWARD AVE., STE. 180
BLOOMFIELD HILLS, MI 48304

RE-SUBMIT

Please retain original filing
date of submission 2/17

SUBJECT: JAMES CABLE PARTNERS, LIMITED PARTNERSHIP
REF: A26445

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Correct fee for a Resignation of Registered Agent for a active or inactive LP is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H16000040770
Letter Number: 116A00003348

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JAMES CABLE PARTNERS, LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A26445

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

Please return all correspondence concerning this matter to:

THERESA ALFIERI

Contact Person

C T CORPORATION SYSTEM

Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City, State and Zip Code

Theresa Alfieri@Wolterskluwer.com

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

For further information concerning this matter, please call:

Theresa Alfieri

Name of Contact Person

at (212)

894-8516

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 Canter 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,

CT CORPORATION SYSTEM

hereby resigns as

Name of Registered Agent

Registered Agent for JAMES CABLE PARTNERS, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

A26445

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.



Signature of Registered Agent

If signing on behalf of an entity:

CT CORPORATION SYSTEM

Typed or Printed Name

Assistant Secretary

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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