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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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REGISTERED AGENT RESIGNATION RF PROPERTIES PARTNERS, LTD.

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COVER LETTER

Division of Corporations		
SUBJECT: RF PROPERTIES PART	NERS, LTD. ship or Limited Liability Limited Partnership	
Name of Elmuca Pather	snip or Etimico Eleotitiy Etimico Partifetship	
DOCUMENT NUMBER: A32669		
The enclosed Resignation of Registered A	gent and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to:	
Wendy Hefley		
Contact Person		
Incorp Services, Inc.		
Firm/Company		
9107 West Russell Road, Suite 100		
Address		
Las Vegas, NV 89148-1233		
City, State and Zip Code		
processing@incorp.com		
E-mail address. (to be used for future annual	report notification)	
For further information concerning this ma	atter, please call:	
Incorp Services, inc./Wendy Hefley	_{at (} 702 ₎ 866-2500	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the F	lorida Department of State for:	
✓\$87.50 Filing Fee ☐ \$140.00 (SS7.50 Filing Fee and S52 50 Certified Copy Fee)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassoc, FL 32303	

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

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the under	signed,
Incorp Services,	Inc.	. hereby resigns as
	Name of Registered Agent	· nereng rengen as
Registered Agent for	RF PROPERTIES PARTNERS, LTD.	
	Name of Limited Partnership or Ulmited Liability Lim	ited Parmership
A32669		
Florida Document	Number, if known	
the Florida Departm - H signing on behalf	Signature of Registered Agent	
	Wendy Hefley for Incorp Services, Inc.	
	Typed or Printed Name	********
_	Authorized Representative	
_	Capacity	

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50