

A93000000327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

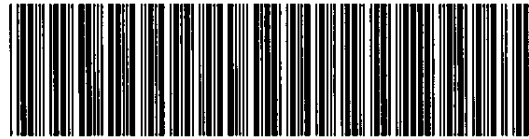
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
NOV 10 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2016

STEVEN S. VALANCY
JENNINGS & VALANCY, P.A.
311 S.E. 13 STREET
FORT LAUDERDALE, FL 33316

SUBJECT: HARBOR INN OF CS ASSOCIATES, LTD.
Ref. Number: A93000000327

We have received your document for HARBOR INN OF CS ASSOCIATES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00023297

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Inn of CS Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A93000000327

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

Please return all correspondence concerning this matter to:

Rosalie Piedra
Contact Person

Jennings & Valancy, P.A.
Firm/Company

311 S.E. 13th Street
Address

Fort Lauderdale, FL 33316
City, State and Zip Code

bob@myflalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rosalie Piedra at (954) 463-1600
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 ☐ \$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

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TALLAHASSEE, FLORIDA

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

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

Jennings & Valancy, P.A., hereby resigns as
Name of Registered Agent

Registered Agent for Harbor Inn of CS Associates, Ltd.,
Name of Limited Partnership or Limited Liability Limited Partnership

A93000000327
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:

Steven S. Valancy
Typed or Printed Name
Director/Vice President
Capacity

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

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