## 0000835 0. Box 46/0 acksonville, Fl 3220/-46/0 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ■ Walk in Photocopy Certificate of Status ☐ Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger 200000 gr REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials

CR2E031(1/95)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

The CORTM Group, Inc., hereby resigns as Registered Agent for (Name of Registered Agent)

CORTM Forysth Street, Ltd.

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature)

**FILING FEE: \$87.50** 

INHS16(3/95)