

A93000000841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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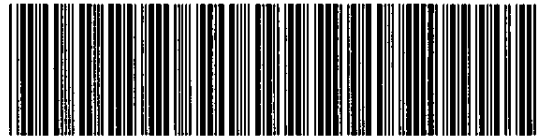
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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11-20-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wintmart Limited Partnership  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A93000000841

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

Please return all correspondence concerning this matter to:

William Scheu

(Contact Person)

Rogers Towers, P.A.

(Firm/Company)

1301 Riverplace Blvd., Suite 1500

(Address)

Jacksonville, FL 32244

(City, State and Zip Code)

For further information concerning this matter, please call:

William Scheu

(Name of Contact Person)

at ( 904 ) 398-3911

(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,

William Scheu

\_\_\_\_\_, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Wintmart Limited Partnership

\_\_\_\_\_  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A93000000841

\_\_\_\_\_  
(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:

WILLIAM E. SCHEU

\_\_\_\_\_  
Typed or Printed Name

Registered Agent

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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