

A94 0000001512

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(Address)

(Address)

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TO: Amendment Section
Division of Corporations

SUBJECT: **Applefield Five Family Limited Partnership**
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A94000001512

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

Please return all correspondence concerning this matter to:

Stephen T. Etheredge
Contact Person

Buntin, Etheredge & Fowler, LLC
Firm/Company

P.O. Box 1193
Address

Dothan, AL 36302
City, State and Zip Code

bryan.applefield@wincolic.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen T. Etheredge at (**334**) **793-3377**
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

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


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

Bryan Applefield hereby resigns as
Name of Registered Agent

Registered Agent for **Applefield Five Family Limited Partnership**
Name of Limited Partnership or Limited Liability Limited Partnership

A94000001512
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:

Bryan M Applefield
Typed or Printed Name

General Partner
Capacity

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

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