## Requester's Name from SHUMAKER, LOOP & KENDRICK, LLP POST OFFICE BOX 172609 **TAMPA, FLORIDA 33672-0609** City/State/Zip Phone # \*\*\*\*\*35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 100004630931 -10/26/01--01004--003 \*\*\*\*\*52.50 \*\*\*\*\*52.50 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in ☐ Photocopy Certificate of Status Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 16, 2001

SHUMAKER LOOP & KENDRICK, LLP POST OFFICE BOX 172609 TAMPA, FL 33672-0609

SUBJECT: TROPICAL KING LIMITED PARTNERSHIP

Ref. Number: A95000000676

We have received your document for TROPICAL KING LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

The filing fee is \$87.50.

There is a balance due of \$52.50.

Please return 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) 245-6967.

Letter Number: 001A00057221

Michelle Hodges Document Specialist

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Bruce H. Gordon (Name of registered agent)	_	ports de	≁e satustes
hereby resigns as Registered Agent for Tropical King Limited Partnership (Name of corporation)		na#2:⊤	,
A copy of this resignation was mailed to the above listed corporation 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 of resigning agent)			
If signing on behalf of an entity:	-	-	
(Typed or Printed Name)  (Typed or Printed Name)  (Typed or Printed Name)	01.0CT 24 P		·
(Capacity)  (Capacity)  (Capacity)	PM 4: 45	O	 <u></u>

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314