## A960000943

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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(Do	ocument Number)	<del> </del>
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
	PROPERTIES, Ltd
·	Limited Liability Limited Partnership
DOCUMENT NUMBER:	000 943
The enclosed Resignation of Registered Agent a	and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
James P. Paul	
Contact Person	<del></del>
Firm/Company	
	·
950 S. Pine Island Rd., Ste A-150	)
Address	
Plantation, FL 33324	
City, State and Zip Code	•
ADivers @TovCom v com	
ARivera@TaxServ.com E-mail address: (to be used for future annual report	notification)
,	•
For further information concerning this matter, p	olease call:
Thomas Malnati at	(561) 200-8832
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:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Fallahassec, FL 32301	Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2015

JAMES P. PAUL 950 S. PINE ISLAND ROAD SUITE A-150 PLANTATION, FL 33324

SUBJECT: REALTY ASSET PROPERTIES, LTD.

Ref. Number: A96000000943

We have received your document for REALTY ASSET PROPERTIES, 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 915A00005172

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,	
JAMES P. PAUL, ESQ, hereby resigns as	
Name of Registered Agent	
Registered Agent for REAUTY ASSET PROPERTIES, Ltd., Name of Limited Partnership or Limited Liability Limited Partnership  A9600000943  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	2015 MAR 3
If signing on behalf of an entity:	经验
Typed or Printed Name	SERIORIDA FRIORIDA
Capacity	

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