

A 96 000000 1061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

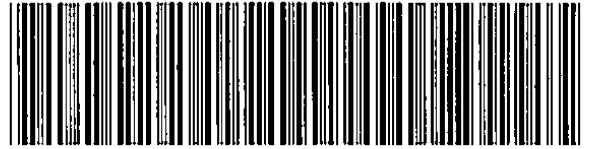
(Document Number)

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Special Instructions to Filing Officer:

**PATRICIA LEBOW GAVE  
PERMISSION TO CORRECT  
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C. GOLDEN  
AUG 22 2019

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

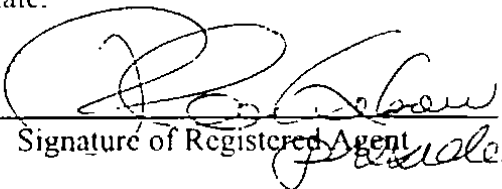
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Patricia Lebow, P.A., hereby resigns as  
Name of Registered Agent

Registered Agent for FOGEL FAMILY INVESTMENTS, LLLP,  
Name of Limited Partnership or Limited Liability Limited Partnership

A96000001061  
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:

Patricia Lebow, P.A.  
Typed or Printed Name  
  
President  
Capacity

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

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