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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

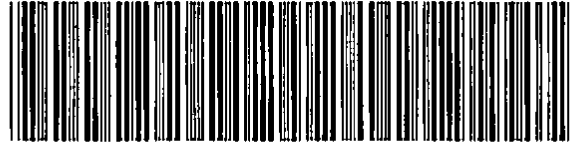
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: On-Line Ventures Sonnet, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000001213

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

Please return all correspondence concerning this matter to:

Corinne P. McClure, Senior Paralegal

Contact Person

McGuireWoods LLP

Firm/Company

50 North Laura Street, Suite 3300

Address

Jacksonville, FL 32202

City, State and Zip Code

cmcclure@mcguirewoods.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinne McClure

Name of Contact Person

at ( 904 ) 798-3294

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

2009 JUL 22 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

RAX Co., hereby resigns as  
Name of Registered Agent

Registered Agent for On-Line Ventures Sonnet, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

A96000001213  
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.

*Lisa O. Taylor*  
Signature of Registered Agent

If signing on behalf of an entity:

Lisa O. Taylor  
Typed or Printed Name

President  
Capacity

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

JUL 22 PM 12:01  
ALL INFORMATION CONTAINED  
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DATE 07-22-01 BY 1043