

A9600000 2002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

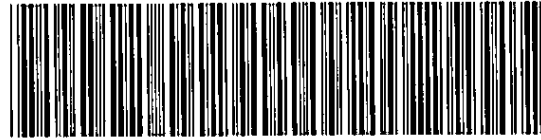
(Business Entity Name)

(Document Number)

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MAY 27 2020
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STREIFF FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A96000002002

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

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

Contact Person

CORPORATION SERVICE COMPANY

Firm/Company

80 STATE STRETT

Address

ALBANY NY 12207

City, State and Zip Code

RESIGN@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION at (518) 433-7018

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)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

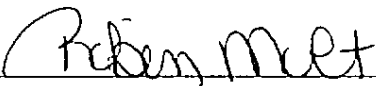
**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
CORPORATION SERVICE COMPANY _____, hereby resigns as
Name of Registered Agent

Registered Agent for STREIFF FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

A96000002002
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:

BY ROBIN MOLT

Typed or Printed Name
ASST SECRETARY

Capacity

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

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