#A97000001297

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K.SALY EXAMINER MAY 11 2012



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2012

AUSTIN & AUSTIN RONALD R. AUSTIN 1342 NORTH LAURA ST. JACKSONVILLE, FL 32206 RECEIVED MAY 0 2 2012

AUSTIN & AUSTIN
ATTORNEYS

SUBJECT: GATEWAY CENTER ECONOMIC DEVELOPMENT PARTNERSHIP,

LTD.

Ref. Number: A97000001297

We have received your document for GATEWAY CENTER ECONOMIC DEVELOPMENT PARTNERSHIP, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 712A00012695

COVER LETTER

TO: Amendment Section Division of Corporations	_
SUBJECT Gateway Center	· Economic Developmentartver
Name of Limited Partnersl	hip or Limited Liability Limited Partnership
DOCUMENT NUMBER: A 97	08000 1297
The enclosed Resignation of Registered Ag	ent and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Ron Austin	
AUS+iN +	Asetin
Firm/Company	
1342 M. Laura	The
Address	
Jay, F1 32	206
City, State and Zip Code	
www. 6	10
E-mail address: (to be used for future annual re	eport notification)
·	,
For further information concerning this mat	ter, please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flo	orida 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 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tananassee, PL 32314

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

Pursuant to the provisio	ns of section 620.1	116, Florida Statutes	s, the undersigned,	
Ronald	R. Aus	+ N	hereby re	sions as
	ame of Registered Ag	gent	•	al mat
Gai	tewary Cles	nter Econo	nea Seit	1-14
Registered Agent for	Name of Limited Bo	etnovskin ov Limitad L	iability Limited Partner	ohio
1970000	Name of Emilied Par	itmership of Emined E	lability Ellimed Faither	snip
Florida Document N	umber if known	······································		
The agent is terminate		after the date on w	hich this statement	is filed by
the Florida Departmen	it of State.	, ,	./	:
		AM		冠雀 克
	Signature	of Registered Age	ent	是是五
	•	5		6 L
If signing on behalf of	fan entity:			THE PE
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	Typed	l or Printed Name	•	
		Capacity		
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			Ly paris	1
Filing Fee:	\$87.50	acres	ey F	
Certified Copy (option	onal): \$52.50		, .	