

A97 00000 1952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

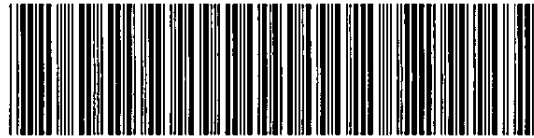
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300119095923

03/12/08--01001--012 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 12 AM 8:55

G. MCLEOD

MAR 17 2008

EXAMINER

LP 87.50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JORAMO PARTNERS, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A97000001952

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

Please return all correspondence concerning this matter to:

STEVEN FRIEDMAN, ESQ.

(Contact Person)

(Firm/Company)

1806 N. FLAMINGO RD., SUITE 410,

(Address)

PEMBROKE PINES, FLORIDA 33028

(City, State and Zip Code)

For further information concerning this matter, please call:

STEVEN FRIEDMAN, ESQ.

(Name of Contact Person)

at (954) 385-7282

(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

INHS16 (01/06)

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

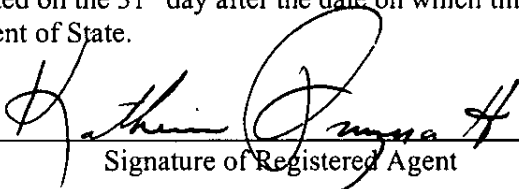
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

KATHERIN PYEATT, hereby resigns as
(Name of Registered Agent)

Registered Agent for JORAMO PARTNERS, LTD,
(Name of Limited Partnership or Limited Liability Limited Partnership)

A97000001952
(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:

Typed or Printed Name

Capacity

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAR 12 AM 8:55