

A97000002489

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 28 2012
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Credit Bureau of Panama City, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000002489

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

Please return all correspondence concerning this matter to:

Thomas Sale, Jr.
Contact Person

Attorney at Law
Firm/Company

P. O. Box 426
Address

Panama City, FL 32402
City, State and Zip Code

tomsalejr@knology.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Sale, Jr. at (850) 763-7311
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)

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

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


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

Thomas Sale, Jr., hereby resigns as
Name of Registered Agent

Registered Agent for Credit Bureau of Panama City, LTD,
Name of Limited Partnership or Limited Liability Limited Partnership

A97000002489
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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