

A99000000204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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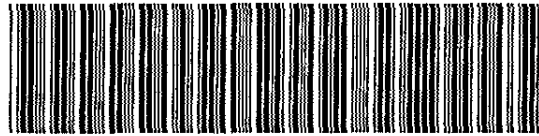
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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A99-204
OR

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GATEWAY CREDIT LTD. (FL. DOM.)
(Name of Corporation)

DOCUMENT NUMBER: A99000000204

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THERESA ALFIERI

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8TH AVENUE - 13TH FLOOR

(Address)

NEW YORK, NEW YORK 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA ALFIERI

(Name of Person)

at (212) 894 - 8516

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
PARTNERSHIP**

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as Registered

Agent for GATEWAY CREDIT LTD. (FL. DOM.) (A99000000204)

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C T CORPORATION SYSTEM



(Signature)

THERESA ALFIERI
ASSISTANT SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

FILING FEE: \$ 87.50

INHS16(9/98)