

A99000001202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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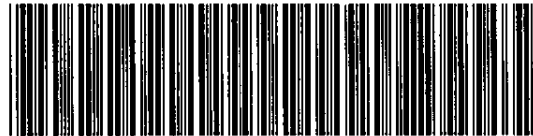
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERALD PLAZA, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001202

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

Please return all correspondence concerning this matter to:

CHAKEYA T
Contact Person

PARACORP INCORPORATED
Firm/Company

PO BOX 160568
Address

SACRAMENTO, CA 95816
City, State and Zip Code

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

For further information concerning this matter, please call:

CHAKEYA at (800) 533-7272
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,

PARACORP INCORPORATED

, hereby resigns as
Name of Registered Agent

Registered Agent for HERALD PLAZA, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

A99000001202

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.

Sharon Cooke
Signature of Registered Agent

If signing on behalf of an entity:

SHARON COOKE
Typed or Printed Name

ASST SECRETARY
Capacity

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

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CORPORATE
STATE OF FLORIDA