## A9900001396

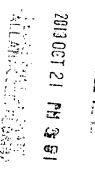
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
	OCT 24	Z013		
A. LUNT				

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## **COVER LETTER**

	of Corporations			
SUBJECT:		Condor Partners		_
DOCUMENT N	UMBER: <u>A990000</u>	•		
The enclosed Re	signation of Registered	Agent and fee(s) are	submitted for filing.	
Please return all	correspondence concer	ning this matter to:		
	Ruth A. Martell			
	Contact Person			
	DDD Agent Co			7919 OCT
	BDB Agent Co. Firm/Company		2	30
	1 into Company			2
3800	Embassy Parkway, S	Suite 300	हुक हुन हैं १९५० व १९३	
	Address		1 (4) (M)	- J
	Akron, OH 44333		a styre can	<u>න</u>
	City, State and Zip Code	**		
	0.0j, 0.000 m.u 2.p 000.			
E-mail address	s: (to be used for future annu	ial report notification)		
For further inform	mation concerning this	matter, please call:		
Rı	uth A. Martell	at (330)	643-0204	
Name of Conta	act Person		d Daytime Telephone Number	—
Enclosed is a che	eck made payable to the	e Florida Department	of State for:	
<b>▼</b> \$87.50 Filing	Fee	0 (\$87.50 Filing Fee and	\$52.50 Certified Copy Fee)	
STREET ADDI	RESS:	MAILI	NG ADDRESS:	
Amendment Section			nent Section	
Division of Corp			of Corporations	
Clifton Building		P. O. Bo		
2661 Executive (Tallahassee, FL		i aiianas	ssee, FL 32314	

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

Pursuant to the provis	sions of section 620.1116, Florida Statutes, the unde	rsigned,	
BDB Agent Co.		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	KS Condor Partners, Ltd.		
	Name of Limited Partnership or Limited Liability Lim	nited Partnership	
A990	00001396		
Florida Document	Number, if known		
The agent is terminathe Florida Departm	ated on the 31 <sup>st</sup> day after the date on which this nent of State.	statement is filed by	
_	Rul a montell		
	Signature of Registered Agent		
If signing on behalf	of an entity:	2013 *ALL)	
	Ruth A. Martell		
_	Typed or Printed Name	2 2	
	Assistant Secretary		
-	Capacity		

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50