

B01000000222

(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



500230080355

04/24/12--01016--020 **87.50

FILED

2012 MAY -4 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

MAY - 8 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2012

ROBIN MOLT
CORPORATION SERVICE COMPANY
80 STATE STREET
ALBANY, NY 12207

SUBJECT: WSG DULLES, L.P.
Ref. Number: B01000000222

FILED
2012 MAY -4 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for WSG DULLES, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 412A00012649

5/2/12 → Thank you
please see attached correct
filing.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WSG Dulles, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B01000000222

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

Please return all correspondence concerning this matter to:

Robin Molt
Contact Person

Corporation Service Company
Firm/Company

80 State Street
Address

Albany NY 12207
City, State and Zip Code

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

For further information concerning this matter, please call:

Robin Molt at (518) 433 7018
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

FILED
2012 MAY -4 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Corporation Service Company, hereby resigns as
Name of Registered Agent

Registered Agent for WSG Dulles L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

B01000000222
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.

Robin Molt
Signature of Registered Agent

If signing on behalf of an entity:

Robin Molt
Typed or Printed Name
Asst Secretary
Capacity

FILED
2012 MAY -4 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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