H07000000648

(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

★ CAPITOL SERVICES

Resignation of Registered Agent for Limited Partnership

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE:	3/24/2016
STATE:	FLORIDA
REP UNIT:	PRISM HOTEL PARTNERS, L.P.

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 27287 in the amount of $87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRISM HOTEL PARTNERS, L.P.
_____
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B03000000048
_____

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

Please return all correspondence concerning this matter to:

Rhonda Peirce
_____
Contact Person

Capitol Services Registered Agent Department
Firm/Company

PO Box 1831
Address

Austin, TX 78767
City, State and Zip Code

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

For further information concerning this matter, please call:

Rhonda Peirce   at (800) 345-4647
_____
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

INHS16 (01/06)

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

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

Capitol Corporate Services, Inc. , hereby resigns as
Name of Registered Agent

Registered Agent for **PRISM HOTEL PARTNERS, L.P.** ,
Name of Limited Partnership or Limited Liability Limited Partnership

B03000000048 .
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:

Jason Fischer
Typed or Printed Name

Assistant Secretary
Capacity

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