





**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:** 3/15/2017  
**STATE:** FLORIDA  
**REP UNIT:** RELATED CORPORATE V SLP,  
L.P.

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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 # 28399 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

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FL  
17 MAR 20 PM 12:46

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-655630

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RELATED CORPORATE V SLP, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B03000000340

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

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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**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 RELATED CORPORATE V SLP, L.P.,  
Name of Limited Partnership or Limited Liability Limited Partnership

B03000000340  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 20 PM 12:46

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