

B04000066 557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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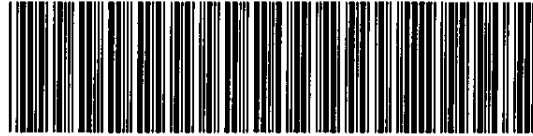
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KIM
RAKESTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APOLLO TRANSPORTATION I, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B04000000557

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

Please return all correspondence concerning this matter to:

Capitol Corporate Services Registered Agent Team
(Contact Person)

Capitol Corporate Services, Inc.
(Firm/Company)

800 Brazos, Suite 1100
(Address)

Austin, Texas 78701
(City, State and Zip Code)

For further information concerning this matter, please call:

Capitol Corporate Services Registered Agent Team 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

**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 APOLLO TRANSPORTATION I, L.P.,
(Name of Limited Partnership or Limited Liability Limited Partnership)

B04000000557
(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:

Cheryl Roberts

Typed or Printed Name

President

Capacity

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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