

B0500000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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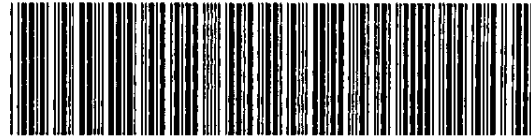
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**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: 2/7/2011 ..  
STATE: FLORIDA  
REP UNIT: COMPLETE MEDICAL STAFFING,  
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 # 21132 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.

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Capitol Corporate Services, Inc.  
Registered Agent Services



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMPLETE MEDICAL STAFFING, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B05000000529

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

Please return all correspondence concerning this matter to:

Rhonda Maybin

Contact Person

Capitol Services Registered Agent Department

Firm/Company

800 Brazos, Suite 400

Address

Austin, Texas 78701

City, State and Zip Code

rmaybin@capitolservices.com

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

For further information concerning this matter, please call:

Rhonda Maybin

Name of Contact Person

at ( 800 ) 345-4647

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 COMPLETE MEDICAL STAFFING, L.P.,  
Name of Limited Partnership or Limited Liability Limited Partnership

B05000000529  
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.

*Cheryl Roberts*  
Signature of Registered Agent

If signing on behalf of an entity:

Cheryl Roberts  
Typed or Printed Name

President  
Capacity

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA