

BO6000000021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

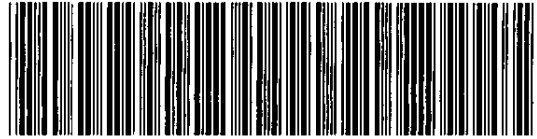
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 MAR -3 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 4 2009

EXAMINER



111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

February 24, 2009

RE: CRIPPLE CREEK PARTNERS, LP. (DE.DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

FILED
09 MAR -3 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 87. 50 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:lf
Enclosure

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
PARTNERSHIP**

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as Registered
(Name of Registered Agent)

Agent for CRIPPLE CREEK PARTNERS, LP B06000000021 (DE.DOM.)

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C T CORPORATION SYSTEM


(Signature)
THERESA ALFIERI
ASSISTANT SECRETARY

FILED
09 MAR -3 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEE: \$ 87.50

INHS16(9/98)