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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUL 28 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000333

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

Please return all correspondence concerning this matter to:

KRISTIN M. SMYKLO

Contact Person

CHAPIN, BALLERANO & CHESLACK

Firm/Company

1201 GEORGE BUSH BLVD

Address

DELRAY BEACH, FL 33483

City, State and Zip Code

WEN4JIM@MSN.COM

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

For further information concerning this matter, please call:

KRISTIN M. SMYKLO

Name of Contact Person

at (561)

272-1225

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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TALLAHASSEE, FLORIDA

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

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

CHAPIN, BALLERANO & CHESLACK

Name of Registered Agent

Registered Agent for J.A. RAPAPORT FAMILY LIMITED PARTNERSHIP,
Name of Limited Partnership or Limited Liability Limited Partnership

B06000000333

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:

BRIAN G. CHESLACK

Typed or Printed Name

MANAGER

Capacity

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TALLAHASSEE, FLORIDA

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