

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855

Fax Number : (866)223-0765

REGISTERED AGENT RESIGNATION

MECEIVED BDEC 29 AM 8: 01 RETARY OF STATE AHASSEE. FLORIDS PALM BEACH LINKS CAPITAL, L.P.

Certificate of Status	0
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Estimated Charge	\$87.50

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: PALM BEACH LINKS		
(Name of Limited Partnersh	•	bility Limited Partnership)
DOCUMENT NUMBER: B06000000	405	
The enclosed Resignation of Registered Ag	ent and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to	:
TUNISHA SCOTT		_
(Contact Person)		
INCORPORATING SERVICES,	LTD.	_
(Firm/Company)		
3500 S. DUPONT HWY,		•
(Address)		
DOVER, DE 19901		
(City, State and Zip Code)		<b>_</b>
•		
For further information concerning this mat	ter, please call	:
TUNISHA SCOTT	at ( 302	<sub>1</sub> 531-0855
(Name of Contact Person)	(Area Co	531-0855 de and Daytime Telephone Number)
Enclosed is a check made payable to the Flo	rida Departme	ent of State for:
☑ \$87.50 Filing Fee ☐ \$140.00 (\$8	7.50 Filing Fec as	nd \$52.50 Certified Copy Fee)
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building		Box 6327
2661 Executive Center Circle	Tallai	nassee, FL 32314
Tallahassee, FL 32301		

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FOR TALLAHASSE STATE
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP / DA
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
INCORPORATING SERVICES, LTD. hereby resigns as
(Name of Registered Agent)
Registered Agent for PALM BEACH LINKS CAPITAL, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)
B0600000405
(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:
CANDICE B. SWETLAND
Typed or Printed Name
ASST. SECRETARY
Capacity

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