

BOE000000069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

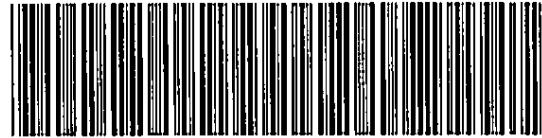
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISI CONTROLS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B08000000089

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

Please return all correspondence concerning this matter to:

RESIGNATION CENTER
Contact Person

CORPORATION SERVICE COMPANY
Firm/Company

80 STATE STREET
Address

ALBANY NY 12207
City, State and Zip Code

RMOLT@CSCGLOBAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESIGNATION CENTER at (518) 433-7018
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

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

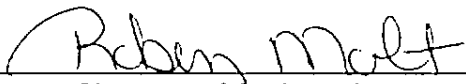
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPNAY, hereby resigns as
Name of Registered Agent

Registered Agent for ISI CONTROLS, LTD.,
Name of Limited Partnership or Limited Liability Limited Partnership

B08000000089
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:

ROBIN MOLT
Typed or Printed Name

ASST SECRETARY
Capacity

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

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