

B08000000195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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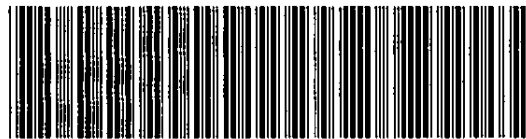
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 10 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BITHLO, FL OLD CHENEY HWY AZ, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B08000000195

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@capitol-services.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

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SECRETARY OF STATE
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,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for BITHLO, FL OLD CHENEY HWY AZ, LTD.,
Name of Limited Partnership or Limited Liability Limited Partnership

B08000000195
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.

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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TALLAHASSEE, FLORIDA