B080000000239

(Requestor's Name)				
(Address)				
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D. BRUCE JAN 05 2019

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	JECT:	MCFSA, LTD.	
		ship or Limited Liability Limited Partnership	-
DOC	UMENT NUMBER: <u>B0800000</u>	00239	-
The e	nclosed Resignation of Registered Ag	gent and fee(s) are submitted for filing.	
Pleaso	e return all correspondence concernin	ng this matter to:	
	RESIGNATION DEPARTM	IENT	
	Contact Person		
	CORPORATION SERVICE CO	DMPANY	
	Firm/Company		
	80 STATE STREET		
	Address		~2
	ALBANY NY 12207		2018 DEC 17 PH 2: 3
	City, State and Zip Code		, C
	RMOLT@CSCGLOBAL.C	<u>XOM</u>	7 P.
	mail address: (to be used for future annual in their information concerning this ma	atter please call:	? : 3
	RESIGNATION DEPARTMENT	400 7040	
	Tame of Contact Person	at (-
Enclo	sed is a check made payable to the Fl	lorida Department of State for:	
✓ \$87	7.50 Filing Fee S140.00 (s	(\$87.50 Filing Fee and \$52.50 Certified Copy Fee)	
Amen Divisi Clifto 2661	EET ADDRESS: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

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

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the unders	signed,	
CORPO	DRATION SERVICE COMPANY	hereby resigns as	
·			
Registered Agent for	MCFSA, LTD. Name of Limited Partnership or Limited Liability Limit	ecd Partnership	
B0800	00000239		
Florida Document	Number, if known		
The agent is termina the Florida Departm	sted on the 31 st day after the date on which this steet of State. Signature of Registered Agent	tatement is filed by	
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 2016 DEC 17 PM 2: 31