13120000000000

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | те) |
| (Do | ocument Number) | · |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



300372676113 Nesissation 00 RA



A RAMSEY

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: DIRECTIONAL RESEARCH & TRADING PARTNERS, L.P.

| Name of Limited Part B120000 | tnership or Limited Liability Limited Partnership | |
|--|--|--|
| DOCUMENT NUMBER: | 700002 | |
| The enclosed Resignation of Registered | d Agent and fee(s) are submitted for filing. | |
| Please return all correspondence concer | rning this matter to: | |
| Kristie Tolliver | | |
| Contact Person | | |
| COGENCY GLOBAL INC. Firm/Company | | |
| 850 New Burton Rd., Suite 201 | | |
| Address | | |
| Dover, DE 19904 | | |
| City. State and Zip Cod | le | |
| E-mail address: (to be used for future ann | ual report notification) | |
| For further information concerning this | matter, please call: | |
| Invoices Team | at (<u>866</u> <u>)</u> 621-3524 | |
| Name of Contact Person | Area Code and Daytime Telephone Number | |
| Enclosed is a check made payable to the | e Florida Department of State for: | |
| ✓ \$87.50 Filing Fee □ \$140.0 | 00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee) | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Amendment Section | Amendment Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P. O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 | |

RESIGNATION OF REGISTERED AGENT 2021 SEP - 3 LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED TARTNERS AND 1:47

| Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned. |
|---|
| COGENCY GLOBAL INC. hereby resigns as |
| Name of Registered Agent |
| Registered Agent for DIRECTIONAL RESEARCH & TRADING PARTNERS, Name of Limited Partnership or Limited Liability Limited Partnership |
| B12000000002 |
| Florida Document Number, if known |
| the Florida Department of State. Kristis Tolliver Signature of Registered Agent |
| If signing on behalf of an entity: Kristie Tolliver |
| |
| Typed or Printed Name |
| Assistant Secretary |
| Capacity |
| |

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50