

B1200000022

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ESCALATE MEDIA, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1200000222

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

Please return all correspondence concerning this matter to:

Rhonda Peirce
Contact Person

Capitol Services Registered Agent Department
Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce at (800) 345-4647
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

**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 ESCALATE MEDIA, L.P.,
Name of Limited Partnership or Limited Liability Limited Partnership

B12000000222
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:

Jason Fischer
Typed or Printed Name
Assistant Secretary
Capacity

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

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