

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B1400860080

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000097912 3)))



H240000979123ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cls-agentresignations@wolterskluwer.com

RECEIVED

2024 MAR 13 PM 2:31
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
LTD FINANCIAL SERVICES, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

2024 MAR 13 PM 1:36

Electronic Filing Menu Corporate Filing Menu Help

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

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

CT CORPORATION SYSTEM

, hereby resigns as

Name of Registered Agent

Registered Agent for LTD FINANCIAL SERVICES, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

B1400000080

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.

Nancy Helm-Brown

Signature of Registered Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

2024 MAR 13 PM 1:37

FILE