

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

**REGISTERED AGENT RESIGNATION
ARTJAN LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTJAN LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B14000000081

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

Please return all correspondence concerning this matter to:

TRACEE COTTON

Contact Person

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Firm/Company

100 WALL STREET, SUITE 503

Address

NEW YORK, NY 10005

City, State and Zip Code

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

For further information concerning this matter, please call:

TRACEE COTTON

Name of Contact Person

at (800) 221-2972 X1550

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)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

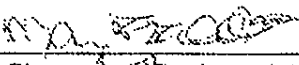
**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
BlumbergExcelsior Corporate Services, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for ARTJAN LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

B14000000081
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:

MARY BROOKS
Typed or Printed Name

ASSISTANT SECRETARY
Capacity

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

2022 FEB 23 PM 9:24
SECRET