

**B19000000 022**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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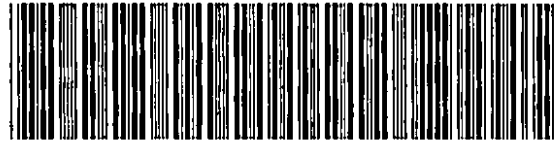
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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*RA Resignation*

JUL 30 2020

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B19000000022

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

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

Contact Person

CORPORATION SERVICE COMPANY

Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City, State and Zip Code

RESIGN@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT at ( 518 ) 433-7018  
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)

**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

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

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

CORPORATION SERVICE COMPANY

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. 1

Name of Limited Partnership or Limited Liability Limited Partnership

B1900000022

\_\_\_\_\_  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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:

BY ROBIN MOLT

\_\_\_\_\_  
Typed or Printed Name

ASST SECRETARY

\_\_\_\_\_  
Capacity

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**

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