

B190000000 23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500346099045

06/15/20--01016--004 **67.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUN 15 PM 4:05

RA Resignation

JUL 30 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: B19000000023

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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 10 15 PM 4:05

**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

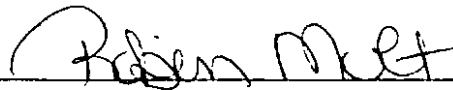
Registered Agent for FITZGERALD GROUP FAMILY LIMITED PARTNERSHIP NO. II

Name of Limited Partnership or Limited Liability Limited Partnership

B19000000023

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:

BY ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

Capacity

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

FILED
CLERK OF STATE
TALLAHASSEE
20 OCT 15 PM 4:05