

B2000000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

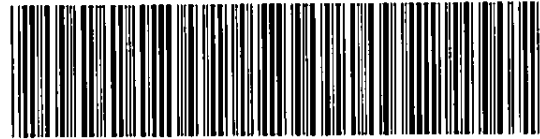
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



900431178959

RECEIVED

2024 JUN 20 AM 11:17

ALLAHASSEE, FL



S. HUNT  
6/20/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 06/19/24  
Order #: 1531817-12  
Re: CGI Fund I Naples & Fort Myers GP, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation *875*

Amount to be deducted from our State Account: ~~\$85.00~~ - FL State Account Number:  
I20000000195

AUTH

A handwritten signature in cursive script, appearing to read "Lynette Coleman", is written over the word "AUTH".

Please take the following action:

File in your office on basis  
Issue Proof of Filing

6/19/24  
10:07

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CGI Fund I Naples & Fort Myers, LP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B20000000044

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

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City, State and Zip Code

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

Name of Contact Person

at (800) 927-9801

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,  
CORPORATION SERVICE COMPANY  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for CGI Fund I Naples & Fort Myers, LP  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership  
B20000000044  
\_\_\_\_\_  
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 KYLE TODD  
\_\_\_\_\_  
Typed or Printed Name  
VICE PRESIDENT  
\_\_\_\_\_  
Capacity

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