

B21 000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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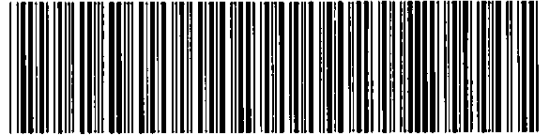
(Business Entity Name)

(Document Number)

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2024 MAR 18 AM 10:31  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 MAR 18 AM 11:26  
TALLAHASSEE, FLORIDA

5/3/18/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 351535 8323810  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 85.50

ORDER DATE : March 4, 2024  
ORDER TIME : 4:0 PM  
ORDER NO. : 351535-205  
CUSTOMER NO: 8323810

ANNUAL REPORT FILING

NAME: CGI WEALTH MANAGEMENT FUND I,  
LP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

2024 MAR 13 AM 10:31  
TALLAHASSEE, FL  
FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CGI Wealth Management Fund I, LP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B21000000063

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 Wealth Management Fund I, LP

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

B21000000063

\_\_\_\_\_  
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.

Shauna Godbolt

\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

BY SHIAUNA GODBOLT

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

VICE PRESIDENT

\_\_\_\_\_  
Capacity

2018 APR 18 AM 10:31  
DEPT OF STATE  
TALLAHASSEE, FL

**Filing Fee: \$87.50**

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