

B21 000000064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

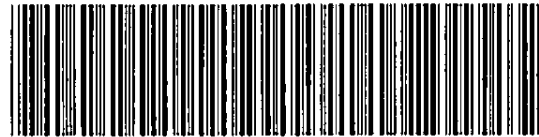
(Business Entity Name)

(Document Number)

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STATE
FALLAHASSEE, FL

ED

2024 MAR 18 AM 11:25
SECRETARY
FALLAHASSEE, FLORIDA

RECEIVED

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

ACCOUNT NO. : I20000000195
REFERENCE : 351535 8323810
AUTHORIZATION : *Capital Group*
COST LIMIT : \$ 85.50

ORDER DATE : March 4, 2024
ORDER TIME : 4:09 PM
ORDER NO. : 351535-240
CUSTOMER NO: 8323810

STATE OF FLORIDA
TALLHASSEE, FL
2024 MAR 19 AM 10:07
ED

ANNUAL REPORT FILING

NAME: CGI WEALTH MANAGEMENT GROWTH
FUND, 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: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CGI Wealth Management Growth Fund, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B21000000064

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 at (800) 927-9801
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

2007-11-19 AM 10:07
DEPARTMENT OF STATE
TALLAHASSEE, FL

10

**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 Growth Fund, LP
Name of Limited Partnership or Limited Liability Limited Partnership

B21000000064
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.

Shauna Godbolt
Signature of Registered Agent

If signing on behalf of an entity:

BY SHAUNA GODBOLT
Typed or Printed Name
VICE PRESIDENT
Capacity

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DEPT OF STATE
TALLAHASSEE, FL
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Filing Fee: \$87.50
Certified Copy (optional): \$52.50