

8/16/24, 11:42 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
SWIFTARC TELEHEALTH LABS FUND, LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SWIFTARC TELEHEALTH LABS FUND, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B21000000269

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

Please return all correspondence concerning this matter to:

Alvin Sayre

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

5301 Southwest Pkwy Suite 400

Address

Austin, TX 78735

City, State and Zip Code

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

For further information concerning this matter, please call:

Alvin Sayre

Name of Contact Person

at ( 888 ) 705-7274

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,

**Registered Agent Solutions, Inc.**

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

Registered Agent for **SWIFTARC TELEHEALTH LABS FUND, LP**  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**B21000000269**

\_\_\_\_\_  
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:

**Mackenzie Hibler**

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

**Assistant Secretary of Registered Agent Solutions, Inc.**

\_\_\_\_\_  
Capacity

**Filing Fee: \$87.50**

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

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