B2200000091

(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:
J. HORNE
DEC - 6 2024
DEC 0





900440546839



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 : www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST	DATE	01/03/2025

PRIORITY Routine

OUR REF. # (Order ID#) Westley

ORDER ENTITY
RJC NORTHEAST, L.P.

DI EASE DEDENDM THE ENLIQUENCE					•
PLEASE PERFORM THE FOLLOWING SE	KAICE.	 -	 	 	 •
RJC NORTHEAST, L.P.					

Please file the attached resignation.

NOTES:	and the control of th	المستعدد والمستعدد	's =	

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS: ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT:	RJC NORTHEAST, L.P.
	Name of Limited	Partnership or Limited Liability Limited Partnership
DOC	UMENT NUMBER: <u>B220</u>	00000091
The e	nclosed Resignation of Regis	ered Agent and fee(s) are submitted for filing.
Plcaso	e return all correspondence co	ncerning this matter to:
	Westley Lo	bk
	Contact Perso	1
	Incorporating Serv	ices, Ltd.
	Firm/Compan	y
	3500 S DuPont F	lighway
	Address	
	Dover, DE 19	901
	City, State and Zi	Code
	wlook@incser	
	-mail address; (to be used for futur	
For fi	arther information concerning	this matter, please call:
	Westley Look	at (302) 531-0703
١	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	osed is a check made payable	o the Florida Department of State for:
	7.50 Filing Fee \$\Bigcup \$1	40.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
	EET ADDRESS:	MAILING ADDRESS:
	ndment Section ion of Corporations	Amendment Section Division of Corporations
	on Building	P. O. Box 6327
2661	Executive Center Circle hassee, FL 32301	Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
in w m
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
Incorporating Services, Ltd. hereby resigns as
Name of Registered Agent
Registered Agent for, RJC NORTHEAST, L.P,
Name of Limited Partnership or Limited Liability Limited Partnership
B2200000091
Florida Document Number, if known
The agent is terminated on the 31 st day after the date on which this statement is filed by the Florida Department of State.
Westley Look Signature of Registered Agent
organitate of Acelistorea Agenit
If signing on behalf of an entity:
Westley Look
Typed or Printed Name
Assistant Secretary
Capacity

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