

B9400000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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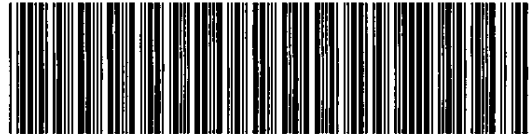
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Coast/Funding Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B94000000073

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

Please return all correspondence concerning this matter to:

William E. Scheu
Contact Person

Firm/Company

1301 Riverplace Blvd., Suite 1500
Address

Jacksonville, FL 32207
City, State and Zip Code

wscheu@rtlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William E. Scheu at (904) 346-5560
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)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**


Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

William E. Scheu, hereby resigns as
Name of Registered Agent

Registered Agent for Palm Coast/Funding Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

B94000000073
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.



Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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

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