

B 94 000000 198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

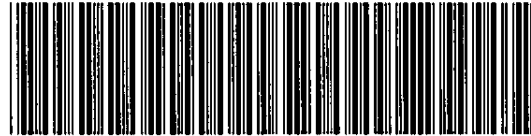
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900255297529

01/13/14--01009--029 **87.50

STATE OF TEXAS
COUNTY OF TARRANT

2014 JAN 13 PM 2:50

FILED

JAN 15 2014

F. CLINE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EQUI-FINANCIAL, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B94000000198

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

Please return all correspondence concerning this matter to:

ROBIN MOLT
(Contact Person)

CORPORATION SERVICE COMPANY
(Firm/Company)

80 STATE STREET
(Address)

ALBANY NY 12207
(City, State and Zip Code)

FILED
2014 JAN 13 PM 2:50
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROBIN MOLT at (518) 433-7018
(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,

The Prentice-Hall Corporation System, Inc., hereby resigns as
(Name of Registered Agent)

Registered Agent for EQUI-FINANCIAL, L.P.,
(Name of Limited Partnership or Limited Liability Limited Partnership)

(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.

By: Robin Molt
Signature of Registered Agent

If signing on behalf of an entity:

ROBIN MOLT

Typed or Printed Name

ASST SECRETARY

Capacity

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

2014 JAN 13 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED