

B98000000536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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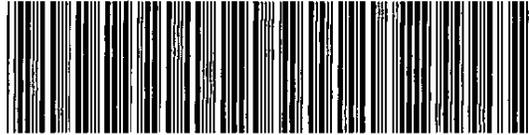
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN
JUN - 3 2009
EXAMINER



**Resignation of Registered Agent for
Limited Partnership**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 5/29/2009
STATE: FLORIDA
REP UNIT: BRIDGESIDE PLACE, LTD.**

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 16301 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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TALLAHASSEE, FLORIDA

Capitol Corporate Services, Inc.
Registered Agent Services



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRIDGESIDE PLACE, LTD.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B98000000536

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

Please return all correspondence concerning this matter to:

Rhonda Maybin
(Contact Person)

Capitol Corporate Services, Inc.
(Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rhonda Maybin at (800) 345-4647
(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,

_____ **Capitol Corporate Services, Inc.** _____, hereby resigns as
(Name of Registered Agent)

Registered Agent for _____ **BRIDGESIDE PLACE, LTD.** _____,
(Name of Limited Partnership or Limited Liability Limited Partnership)

_____ **B98000000536** _____
(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:

_____ **Cheryl Roberts** _____
Typed or Printed Name

_____ **President** _____
Capacity

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TALLAHASSEE, FLORIDA

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