

L12000075050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

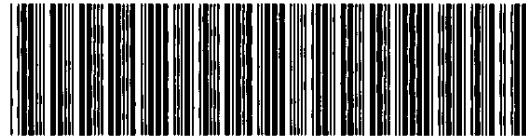
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 18 PM 3:20

SEP 19 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: York Capital Partners, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christine Marici

(Contact Person)

York Capital Partners, LLC

(Firm/Company)

6455 NW 43rd Street

(Address)

Coral Springs, FL 33067

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Marici

(Name of Contact Person)

at (754) 245-8855

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 SEP 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 16, 2012

CHRISTINE MARICI
21218 ST ANDREWS BLVD
STE 10
BOCA RATON, FL 33433

SUBJECT: YORK CAPITAL PARTNERS, LLC
Ref. Number: L12000075050

We have received your document for YORK CAPITAL PARTNERS, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a
breakdown of the fees. Please return a copy of this letter to ensure your money is
properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED
LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a
copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00021136



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: York Capital Partners, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L12000075050

4. I, Christine Marici, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Christine Marici

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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