

L15000041988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

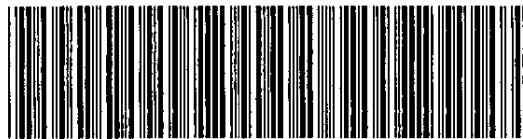
(Document Number)

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Special Instructions to Filing Officer:

wrong company name

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2017 APR 18 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 20 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2017

CORPORATION SERVICE COMPANY  
RECORDS DEPT.  
80 STATE ST, 10TH FL  
ALBANY, NY 12207

SUBJECT: SUMMER STREET CAPITAL PARTNERS, LLC  
Ref. Number: L15000046988

We have received your document for SUMMER STREET CAPITAL PARTNERS, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the document and the document number do not match. Enclosed is a printout for your convenience. Please insert the correct name on the document and return to our office.

Please return 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 917A00006338

RECEIVED  
2017 APR 18 PM 12:46  
SECURITIES DIVISION  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUMMER STREET CAPITAL PARTNERS, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L150000046988

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT

Name of Person

CORPORATION SERVICE COMPANY

Name of Firm/Company

80 STATE STREET

Address

ALBANY NY 12207

City/State and Zip Code

RMOLT@CSCGLOBAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN MOLT

Name of Person

at ( 518 ) 433-7018

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**CORPORATION SERVICE COMPANY**, hereby resigns as  
\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **SUMMER STREET CAPITAL PARTNERS, LLC**  
\_\_\_\_\_

\_\_\_\_\_  
Name of Limited Liability Company

**L150000046988**  
\_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**ROBIN MOLT**  
\_\_\_\_\_  
Typed or Printed Name  
**Asst Secretary**  
\_\_\_\_\_  
Capacity

**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**FILED**  
**2017 APR 18 PM 3:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**