## P96000043695

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900269598009

03/02/15--01012--006 \*\*35.00

15 MAR -2 PM 2: 24

MAR 0 5 2015 T. CARTER

## **COVER LETTER**

Amendment Section TO: Division of Corporations (Name of Corporation) P96 0000 43695 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James P Paul (Name of Person) (Name of Firm/Company) 950 S. Pine Island Rd., Ste A-150 (Address) Plantation, FL 33324 (City/State and Zip Code) For further information concerning this matter, please call: Thomas Malnati (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE. FLORIDA

15 MAR - 2 PM 2: 24

Pulsitant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JAMES P. PAUL (Name of Registered Agent)
hereby resigns as Registered Agent for CAPITAL ASSET HOLDINGS G.P., INC (Name of Corporation)
P9600043695 (Document Number, ifknown)
A copy of this resignation was mailed to the above listed corporation 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:
(Typed or Printed Name)
(Capacity)

## Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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