P97000036220

WEDENBAM _ 441 VALEACIA COROL GABLES,	AVE- 5 L 33/34	
City/State/Zip	Phone #	

Office Use Only

	CORPORATION	NAME(S) & DOCUMENT NUMBER(S), (if known):
	(Co	oration Name) (Document #)
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	(Co	oration Name) (Document #)
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	4(Co	oration Name) (Document #)
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	☐ Walk in	Pick up time Certified Copy
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	NEW FILINGS	AMENDMENTS
	Profit	Amendment 6000029156266 -06/25/3901061007
	NonProfit	-U6/25/39U1061007 Resignation of R.A., Officer/ Director ******87,50 *****87,50
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
_	Other	Merger
	OTHER FILINGS	Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership
	Annual Report	QUALIFICATION
	Fictitious Name	Foreign
	Name Reservation	Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617 Florida Statutes, the undersigned, ROBENT L. WETDEN (Name of registered agent) hereby resigns as Registered Agent for FALCON FUNDS I (Name of corporation)	.1509, Baun	<u>^</u>	
A copy of this resignation was mailed to the above listed corporation at its last known that agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of resigning agent) If signing on behalf of an entity:			
(Typed or Printed Name)			
(Capacity)	, <u>s</u>		•

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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