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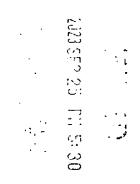
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Resignation of Registered Agent for _ Limited Partnership

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: STATE: 9/19/2023 FLORIDA

REP UNIT:

PORT 55 APARTMENTS LP

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 # 33470 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.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of se	ction 620.1116, Florida Statutes, the undersigned	i ,
Capitol Corp	oorate Services, Inc.	oy resigns as
Name of I	Registered Agent	y cogain in
Registered Agent for	PORT 55 APARTMENTS	
Name o	f Limited Partnership or Limited Liability Limited Pa	ttnership
B220000003	889	
Florida Document Number,	f known	
The agent is terminated on the Florida Department of St	ne 31st day after the date on which this statemate. Signature of Registered Agent	nent is filed by
If signing on behalf of an entity:		- E5 2:
Yvette Cleveland		
	Typed or Printed Name	
	Assistant Secretary	్ ట
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Filing Fee:

\$87.50

Certified Copy (optional): \$52.50



Return Acknowledgement to: Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767 800 345.4647