

B93000 000 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

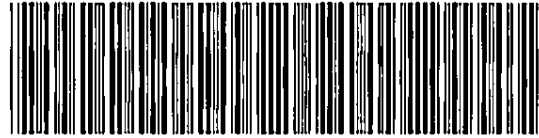
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 JAN -3 PM 3:00
TALLAHASSEE, FLORIDA

RECEIVED



Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 01/03/2024

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY

**CREEKWOOD COCO PARC LIMITED
PARTNERSHIP**

PLEASE PERFORM THE FOLLOWING SERVICES:
CREEKWOOD COCO PARC LIMITED PARTNERSHIP

Please file the attached resignation.

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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SECRETARY OF STATE
TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREEKWOOD COCO PARC LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B93000000218

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Westley Look
Contact Person

Incorporating Services, Ltd.
Firm/Company

3500 S DuPont Highway
Address

Dover, DE 19901
City, State and Zip Code

wlook@incserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Westley Look at (302) 531-0703
Name of Contact Person Area Code and Daytime Telephone Number

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

\$87.50 Filing Fee \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

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

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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2021 JAN -3 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Incorporating Services, Ltd., hereby resigns as
Name of Registered Agent

Registered Agent for CREEKWOOD COCO PARC LIMITED PARTNERSHIP,
Name of Limited Partnership or Limited Liability Limited Partnership

B93000000218
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Amanda Archambault
Typed or Printed Name

Assistant Secretary
Capacity

2024 JAN -3 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

Filing Fee: \$87.50
Certified Copy (optional): \$52.50