

Division of Corporations

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B930000221
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : INCORPORATING SERVICES EL
 Account Number : I20050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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**REGISTERED AGENT RESIGNATION
 CREEKWOOD SAVANNAH LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREEKWOOD SAVANNAH LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B93000000221

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

TUNISHA SCOTT

Contact Person

INCORPORATING SERVICES, LTD

Firm/Company

3508 S DUPONT HWY

Address

DOVER, DE 19901

City, State and Zip Code

RADIV@INCSERV.COM

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

For further information concerning this matter, please call:

TUNISHA SCOTT

Name of Contact Person

at (302)

631-0721

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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

Name of Registered Agent

hereby resigns as

Registered Agent for CREEKWOOD SAVANNAH LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

B930000002

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:

TUNISHA SCOTT

Typed or Printed Name

ASST. SECRETARY

Capacity

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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