

1395000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

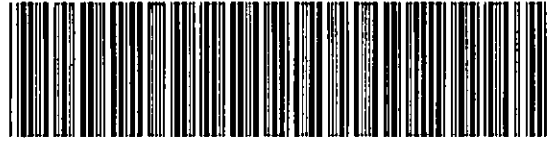
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERDEVCO-NORMANDY/RBG XVII LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B9500000294

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

Please return all correspondence concerning this matter to:

Paul Kupfer
Contact Person

Kupfer Skolnick P.A.
Firm/Company

5541 University Drive, Suite 103
Address

Coral Springs, FL 33067
City, State and Zip Code

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

For further information concerning this matter, please call:

Paul Kupfer at (954) 905-2222
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)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

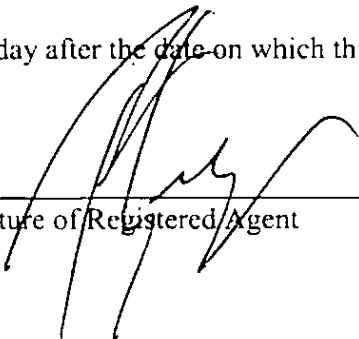
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Paul Kupfer _____, hereby resigns as
Name of Registered Agent

Registered Agent for INTERDEVCO-NORMANDY/RBG XVII LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

B9500000294
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:

Typed or Printed Name

Capacity

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

**APPROVED
AND
FILED**
2021 NOV 24 PM 2:08
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**