## A0100000549

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer.		
SEP 13 2024		





100436091961

09/10/24--01010--010 \*\*5162.50

PILED 024 SEP 10 PM 3: 3

## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALTMAN PARTNERS RI	VER RUN, LTD.
Name of Limited	Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A010000	000549
The enclosed Resignation of Registe	ered Agent and fee(s) are submitted for filing.
Please return all correspondence cor	neerning this matter to:
Jeffrey A. Deutch	
Contact Person	
Nelson Mullins Riley & Scarborough LLP	
Firm/Company	
1905 NW Corporate Boulevard, Suite 310	
Address	
Boca Raton, FL 33431	
City, State and Zip	Code
Jeffrey.Deutch@nelsonmullins.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning	this matter, please call:
Jeffrey A. Deutch	at ( ) 343-6960
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 ☐ \$14	40.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
rananassee, p. 22344	Tallahassee, FL 32303

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

Pursuant to the provi	isions of section 620,1116, Florida Statutes, the undersigned	l.
Jeffrey A. Deutch P.A.	. hereh	y resigns as يعر
	Name of Registered Agent	
Registered Agent for	ALTMAN PARTNERS RIVER RUN, LTD.	
	Name of Limited Partnership or Limited Liability Limited Par	rtnership
A01000000549		
Florida Documen	nt Number, if known	
The agent is termin the Florida Departn	nated on the 31 <sup>st</sup> day after the date on which this statement of State.  Signature of Registered Agent	ent is filed by
If signing on behalf	f of an entity:	
	Jeffrey A. Deutch P.A.	
-	Typed or Printed Name	
	President	
-	Capacity	

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