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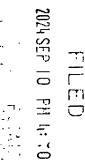
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALTMAN PARTNERS W	INDSOR LAKES, LTD.
Name of Limited	Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A010000	000910
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	1.
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	o 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: 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 provi	sions of section 620.1116, Florida Statutes, the undersigned,
Jeffrey A. Deutch P.A	, hereby resigns as
	Name of Registered Agent
Registered Agent for	ALTMAN PARTNERS WINDSOR LAKES, LTD.
	Name of Limited Partnership or Limited Liability Limited Partnership
A01000000910	
Florida Documen	t Number, if known
The agent is termin the Florida Departr	Name of Limited Partnership or Limited Liability Limited Partnership at Number, if known ated on the 31st day after the date on which this statement is filed by ment of State. Signature of Registered Agent
If signing on behal	f of an entity:
	Jeffrey A. Deutch P.A.
•	Typed or Printed Name
	President
-	Capacity

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