

A01000001001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

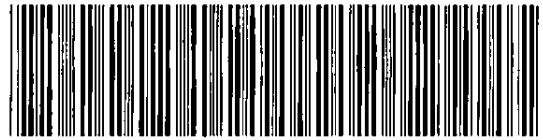
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALTMAN PARTNERS TAMPA PALMS, LTD.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A01000001001

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

Please return all correspondence concerning 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 ( 561 ) 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

☐ \$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,

Jeffrey A. Deutch P.A.  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for ALTMAN PARTNERS TAMPA PALMS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

A01000001001  
Florida Document Number, if known

The agent is terminated on the 31<sup>st</sup> 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:

Jeffrey A. Deutch P.A.  
\_\_\_\_\_  
Typed or Printed Name  
President  
\_\_\_\_\_  
Capacity

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

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