

1A02000000295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

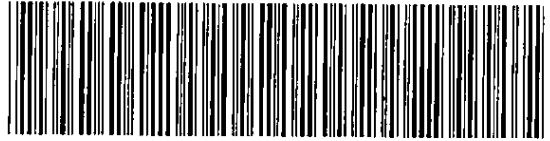
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100431202511

FILED  
2024 JUL 16 AM 8:25  
TALLAHASSEE, FL  
STATE

RECEIVED  
2024 JUL 16 PM 2:09  
TALLAHASSEE, FLORIDA

PLANT  
@ 7/16/24

16

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

DATE: 07/16/2024

NAME: CEDAR POINT LIMITED PARTNERSHIP

TYPE OF FILING: RESIGNATION OF RA

COST:

~~32.50~~ 87.50

RETURN: PLAIN COPY PLEASE


2024 JUL 16 AM 8:25  
CLERK OF STATE  
TALLAHASSEE, FL  
RECEIVED

---

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

---



---

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

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

W. Terry Costolo, Esq.

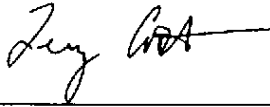
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Cedar Point Limited Partnership  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A02000000295

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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

FILED  
2004 JUN 16 AM 8:25  
CLERK OF STATE  
TALLAHASSEE, FL