

AC2 000 000 296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

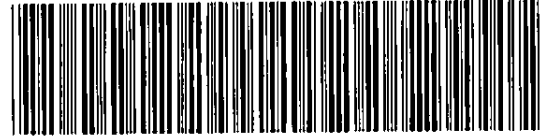
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300433146133

FILED
2024 JUL 18 AM 10:08

RECEIVED
2024 JUL 18 PM 1:59
CLALLAHASSEE, FL 32009

[Handwritten signature]

86

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: 07/18/2024

NAME: REGENCY POINT LIMITED PARTNERSHIP

TYPE OF FILING: RESIGNATION OF RA

COST: 87.50

RETURN: PLAIN COPY PLEASE

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

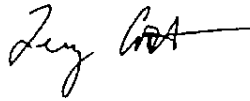
Registered Agent for Regency Point Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A02000000296

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

2024 JUL 18 AM 10:08

FILED