

A020660000329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

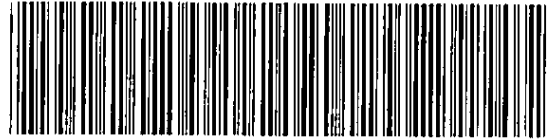
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**DATE:** 07/16/2024

**NAME:** CYPRESS SHORES WINTER HAVEN LIMITED PARTNERSHIP

**TYPE OF FILING:** RESIGNATION OF RA

**COST:** 52.50

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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**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

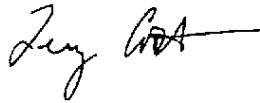
Registered Agent for Cypress Shores Winter Haven Limited Partnership

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

A02000000329

\_\_\_\_\_  
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**

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