

A020000000656

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**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Whitmire Family Partners, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000000656

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

Please return all correspondence concerning this matter to:

Carter C. Whitmire  
Contact Person

The Whitmire Family Partners, LLLP  
Firm/Company

4715 Shorecrest Drive  
Address

Orlando, Florida 32817  
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carter C. Whitmire at (            )  
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)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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

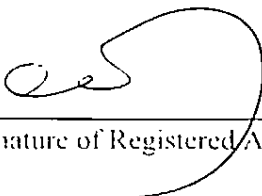
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Carla DeLoach Bryant hereby resigns as  
Name of Registered Agent

Registered Agent for The Whitmire Family Partners, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

A02000000656  
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

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