

A02000001190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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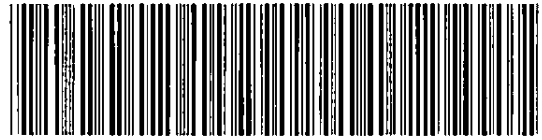
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTMAN PARTNERS KIRKLAND CROSSING, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000001190

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

Name of Contact Person

at (561) 343-6960

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

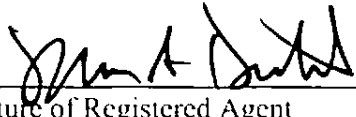
Registered Agent for ALTMAN PARTNERS KIRKLAND CROSSING, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A02000001190

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:

Jeffrey A. Deutch P.A.

Typed or Printed Name

President

Capacity

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA