

A03000000390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

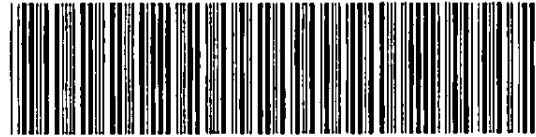
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600433209976

2024 JUL 17 AM 11:19

FILED

TALLAHASSEE, FLORIDA

2024 JUL 17 PM 2:13

RECEIVED

20

APB

29

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: 07/17/2024

NAME: OSPREY POINT SEBRING LIMITED PARTNERSHIP

TYPE OF FILING: RESIGNATION OF RA

COST: 84.50

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, Esquire

hereby resigns as

Name of Registered Agent

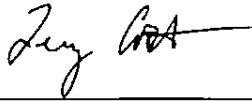
Registered Agent for Osprey Point Sebring Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A03000000390

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 17 AM 11:19

FILED