

A03 000000547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

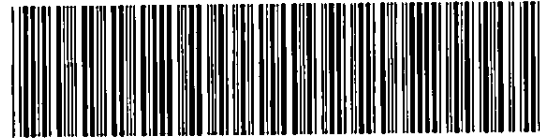
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500433146115

2024 JUL 18 AM 10:40

FILED

ALLAHABAD, FLORIDA

2024 JUL 18 PM 1:59

RECEIVED

58

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: RIDGEVIEW LAKE WALES 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, Esquire

hereby resigns as

Name of Registered Agent

Registered Agent for Ridgeview Lake Wales Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A03000000547

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

2024 JUL 18 AM 10:40

FILED

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