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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

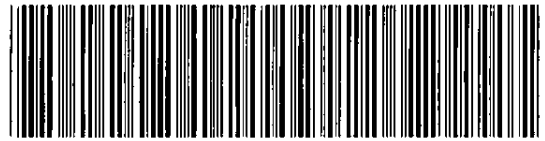
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE PRESERVE AT LONGLEAF APARTMENTS L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A04000000667

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 L.L.P.

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

at ( 561 ) 343-6960

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)

**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 THE PRESERVE AT LONGLEAF APARTMENTS LLLP  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A04000000667  
\_\_\_\_\_  
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:

Jeffrey A. Deutch P.A.  
\_\_\_\_\_  
Typed or Printed Name  
President  
\_\_\_\_\_  
Capacity

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

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