

A 04340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

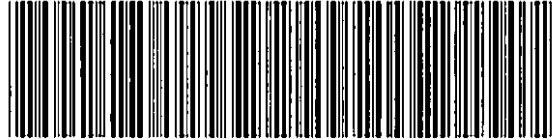
(Business Entity Name)

(Document Number)

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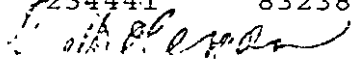
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TALLAHASSEE, FL

Handwritten signature/initials

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 234441 8323810

AUTHORIZATION : 

COST LIMIT : \$ 87.50

ORDER DATE : December 12, 2022

ORDER TIME : 2:44 PM

ORDER NO. : 234441-005

CUSTOMER NO: 8323810

ANNUAL REPORT FILING

NAME: RIDGECREST ASSOCIATES LIMITED
PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ridgcrest Associates Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04340

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

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

Contact Person

CORPORATION SERVICE COMPANY

Firm/Company

251 LITTLE FALLS DRIVE

Address

WILMINGTON, DE 19808

City, State and Zip Code

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

Name of Contact Person

at (800) 927-9801

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,

CORPORATION SERVICE COMPANY

_____, hereby resigns as

Name of Registered Agent

Registered Agent for Ridgecrest Associates Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A04340

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.

Alexxis Weiland, assistant vice president

Signature of Registered Agent

If signing on behalf of an entity:

BY ALEXXIS WEILAND

Typed or Printed Name

ASSISTANT VICE PRESIDENT

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FL

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