

# A05000000919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

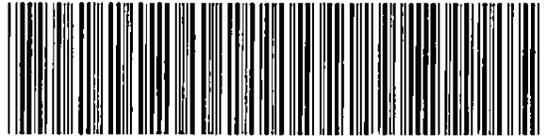
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PORTSIDE-STUART, L.L.P.  
\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000000919  
\_\_\_\_\_

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 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 PORTSIDE-STUART, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

A05000000919  
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

**FILED**  
2024 SEP 10 AM 8:25  
TALAHASSEE, FLORIDA  
DEPARTMENT OF STATE

# A05 000001475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

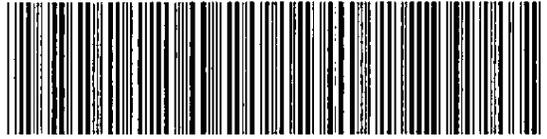
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Tallahassee, Florida  
TALLAHASSEE, FLORIDA

2024 SEP 10 AM 8:23

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WOODLANDS FAMILY PARTNERSHIP, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000001475

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 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**

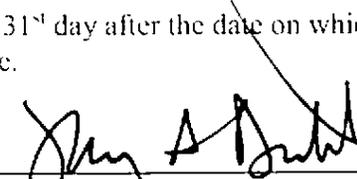
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Jeffrey A. Deutch P.A. \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for WOODLANDS FAMILY PARTNERSHIP, L.L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

A05000001475  
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

**FILED**  
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