A0500000 1505

(Red	questor's Name)	
(Ado	dress)	
(Add	iress)	
(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



500436092185

09/10/24--01010--010 **\$162.50

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ALTMAN PARTNERS - 855, LTD.	
Name of Limited Partnershi	p or Limited Liability Limited Partnership
DOCUMENT NUMBER: A05000001505	
The enclosed Resignation of Registered Age	ent and fec(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 re	port notification)
For further information concerning this matt	er, please call:
Jeffrey A. Deutch	at () 343-6960
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flo	rida Department of State for:
☐ \$87.50 Filing Fee ☐ \$140.00 (\$8	7.50 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 provi	sions of section 620.1116, Florida Statutes, the t	indersigned,
Jeffrey A. Deutch P.A.		, hereby resigns as
	Name of Registered Agent	
Registered Agent for	ALTMAN PARTNERS - 855, LTD	
regimered regent for	Name of Limited Partnership or Limited Liability	Limited Partnership
A05000001505		
Florida Documen	t Number, if known	
the Florida Departr	Signature of Registered Agent	
If signing on behalf	f of an entity:	
	Jeffrey A. Deutch P.A.	
-	Typed or Printed Name	
	President	2024
-	Capacity	
		2024 SEP 10 A
Filing Fee: Certified Copy (o)	\$87.50 otional): \$52.50	AM 8: 17