

A07000000509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

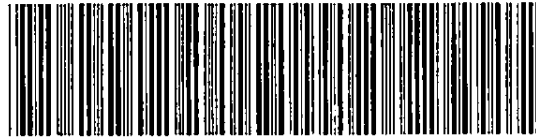
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300433209823

2024 JUL 17 PM 12:52

FILED

CLERK OF SUPERIOR COURT  
JULIA A. HALLAMASSEE, FLORIDA

2024 JUL 17 PM 2:12

RECEIVED

20

20

113

13

**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:** 07/17/2024

**NAME:** HOWLAND PINES LIMITED PARTNERSHIP

**TYPE OF FILING:** RESIGNATION OF RA

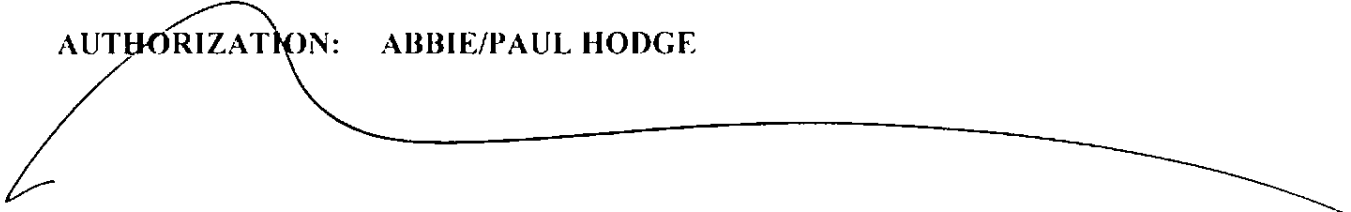
**COST:** 87.50

**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

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

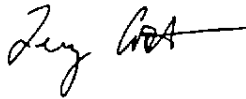
Registered Agent for Howland Pines Limited Partnership

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A07000000509

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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

2024 JUL 17 PM 12:52

FILED