A01000001093

(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



300436092283

09/10/24--01010--010 **5162.50

TÄLLÄHASSEE, FLORIC

310 VA 8: 6

COVER LETTER

TO:	Division of Corporations				
CHRI	JECT: ADC REGIONAL PARTNERS	- WINDERMERE, LT	D.		
30100	Name of Limited Partnership or Limited Liability Limited Partnership				
DOC	UMENT NUMBER: A0700000109	3			
The e	nclosed Resignation of Registered	Agent and fec(s) ar	e submitted for filing.		
Pleas	e return all correspondence concerr	ning this matter to:			
Jeffre	y A. Deutch		_		
	Contact Person		-		
Nelso	n Mullins Riley & Scarborough LLP				
	Firm/Company				
1905	NW Corporate Boulevard, Suite 310		_		
	Address	-			
Boca	Raton, FL 33431		_		
	City, State and Zip Code	2			
Jeffre	y.Deutch@nelsonmullins.com				
	E-mail address: (to be used for future annu	al report notification)	-		
For f	iurther information concerning this	matter, please call:			
Jeffre	y A. Deutch	561 at (343-6960		
	Name of Contact Person	Area Code a	and Daytime Telephone Number		
Enclo	osed is a check made payable to the	e Florida Departmei	nt of State for:		
□ \$8	37.50 Filing Fee	() (\$87.50 Filing Fee ar	nd \$52.50 Certified Copy Fee)		
Ame Divis P.O.	ing Address: Indirect Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio The Co 2415 N	Address: dment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, 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 und	dersigned,
Jeffrey A. Deutch P.A.		. hereby resigns as
	Name of Registered Agent	
Registered Agent for	ADC REGIONAL PARTNERS - WINDERMERE, L	ID.
Registered Agent Rs	Name of Limited Partnership or Limited Liability L	imited Partnership
A07000001093		
Florida Documen	t Number, if known	
the Florida Departr	Signature of Registered Agent	
0 0	Jeffrey A. Deutch P.A.	
-	Typed or Printed Name	
	President	FILI TALLAHASS
	Capacity	EP I
Filing Fee: Certified Copy (o)	\$87.50 otional): \$52.50	O AM 8: 56 SSEE, FLORIDA