

**A10579**

**Florida Department of State**  
**Division of Corporations**  
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**From:**

Account Name : KATZ, BARRON, SQUITERO AND FAUST  
 Account Number : 072627002473  
 Phone : (305) 856-2444  
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**REGISTERED AGENT RESIGNATION**

**MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP**

Certificate of Status	0
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A10579

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

Please return all correspondence concerning this matter to:

Desiree M. Cuason, Esq.

(Contact Person)

Katz Barron Squitero Faust

(Firm/Company)

2699 S. Bayshore Drive, 7th Floor

(Address)

Miami, Florida 33133

(City, State and Zip Code)

For further information concerning this matter, please call:

Desiree Cuason

(Name of Contact Person)

at ( 305 ) 856-2444

(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)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**RESIGNATION OF REGISTERED AGENT  
FOR  
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

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

John R. Squitiero, hereby resigns as  
(Name of Registered Agent)

Registered Agent for MOBILE HOME PARK ASSOCIATES, LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A10579  
(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

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