## A12613

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del>.</del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
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TALLAHASSEE, FLURIDA

OCT 3 1 2016 S. YOUNG



## Resignation of Registered Agent for Limited Partnership or Limited Liability Limited Partnership

A

Capitol Corporate Services, Inc.

PQ Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

10/24/2016 **FLORIDA** 

**REP UNIT:** 

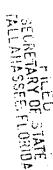
**WOODSIDE VILLAS OF** 

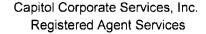
ARCADIA, LTD.

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership or Limited Liability Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 28020 in the amount of 87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767







## COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: WOODSIDE VILLAS O	
Name of Limited Partnersh	ip or Limited Liability Limited Partnership
DOCUMENT NUMBER: A12613	
The enclosed Resignation of Registered Age	ent and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Rhonda Peirce	
Contact Person	
Capitol Services Registered Agen	t Department
PO Box 1831	
Address	
Austin, TX 78767	<del>- 10</del>
City, State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matt	er, please call:
Rhonda Peirce	at ( <u>800</u> ) <u>345-4647</u>
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)
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassec, FL 32301	Tallahassee, FL 32314

16 OCT 28 PM 4: 2

INHS16 (01/06)

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,	
Capitol Corporate Services, Inc. , hereby resigns as  Name of Registered Agent	
Registered Agent for WOODSIDE VILLAS OF ARCADIA, LTD.  Name of Limited Partnership or Limited Liability Limited Partnership	
A12613	
Florida Document Number, if known	
Signature of Registered Agent	
Digitature of Registered Agent	<b>5</b> 7
If signing on behalf of an entity:	<b>6</b>
Jason Fischer	
Typed or Printed Name	SECRETARY ALLAHASSE 16 OCT 28
Assistant Secretary	न प्राची
Capacity	FLORII

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