

A 14 000 000 523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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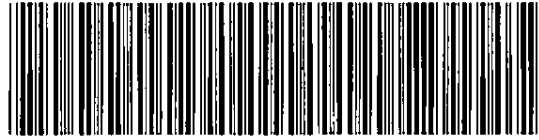
(Business Entity Name)

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TALLAHASSEE, FL

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 12/10/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1328123

**ORDER ENTITY**

RANCH LAKE (BRADENTON) LIMITED PARTNERSHIP

**PLEASE PERFORM THE FOLLOWING SERVICES:**

RANCH LAKE (BRADENTON) LIMITED PARTNERSHIP ( FL )

File the attached resignation document

**NOTES:**

\$87.50 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "V6" or similar, written over a horizontal line.

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TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RANCH LAKE (BRADENTON) LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A1400000523

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

Please return all correspondence concerning this matter to:

Vicki Melone

Contact Person

Bradley Arant Boult Cummings LLP

Firm/Company

1001 Water Street, Suite 1000

Address

Tampa, FL 33602

City, State and Zip Code

vmelone@bradley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Melone

813 559-5500

at ( )

Name of Contact Person

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)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

UNIVERSAL REGISTERED AGENTS, INC.

\_\_\_\_\_, hereby resigns as

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

Registered Agent for RANCH LAKE (BRADENTON) LIMITED PARTNERSHIP

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

A1400000523

\_\_\_\_\_  
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.

Bryan Baruch

\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

Bryan Baruch

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

Secretary

\_\_\_\_\_  
Capacity

**Filing Fee: \$87.50**

**Certified Copy (optional): \$52.50**

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