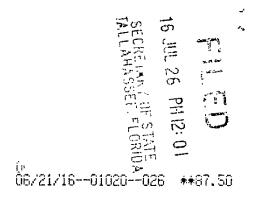
A 14370

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(Address)
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1. HARRIE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Orlando Associates, Lt	d
Name of Limited Partnershi	p or Limited Liability Limited Partnership
DOCUMENT NUMBER: <u>A14370</u>	
The enclosed Resignation of Registered Age	nt and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Bonnie Yerry	
Contact Person	-
Corporation SErvice Company	
Firm/Company	
80 State Street, 10th F1.	
Address	
Albany, NY 12207 City, State and Zip Code	
City, State and Zip Code	
byerry@cscinfo.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matt	er, please call:
Bonnie Yerry	at(927.8901 ext 63002
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: 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2016

BONNIE YERRY CORPORATION SERVICE COMPANY 80 STATE STREET ALBANY, NY 12207

SUBJECT: ORLANDO ASSOCIATES, LTD.

Ref. Number: A14370



We have received your document for ORLANDO ASSOCIATES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a COPRORATION, but your entity is a LTD. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00013438

7/19/16 corrected form Thank you.

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

Pursuant to the provi	sions of section 620.	.1116, Florida S	tatutes, the unde	rsigned,
Corporation	Service Compar	ıy		_, hereby resigns as
	Name of Registered	Agent		
Registered Agent for		sociates, 1		
	Name of Limited F	artnership or Lin	iited Liability Lin	nited Partnership
A14370				
Florida Documen	t Number, if known	·· ·		
the Florida Departr	nent of State.	Mn@ (statement is filed by
If signing on behalt	of an entity:			,
	Bon	nie Yerry		
•	Турс	ed or Printed N	lame	
	Ass	st. Secretar	у	
-		Capacity		

Filing Fee: \$87.50 Certified Copy (optional): \$52.50 16 JUL 26 PH 12: 01
SECRETARY OF STATE