A24697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 0 2 2015

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____ **EDGEWOOD APARTMENTS, LTD** _____
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A24697 _____

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

Please return all correspondence concerning this matter to:

Frank Gammon
Contact Person

_____
Firm/Company

10604 Crescent Lake Court
Address

Clermont, FL 34711
City, State and Zip Code

fgammon@banyanhomes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Gammon _____ at (**352**) **267.4510** _____
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)

STREET ADDRESS: **MAILING ADDRESS:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
Clifton Building   P. O. Box 6327
2661 Executive Center Circle   Tallahassee, FL 32314
Tallahassee, FL 32301

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,

_____**Frank Gammon**_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____**EDGEWOOD APARTMENTS, LTD**_____,
Name of Limited Partnership or Limited Liability Limited Partnership

_____**A24697**_____.
Florida Document Number, if known

The agent is terminated on the 31st 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:

_____**Frank Gammon**_____
Typed or Printed Name

_____
Capacity

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

2014 MAY 19 PD 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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