

# A32156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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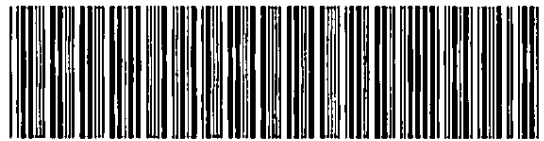
(Business Entity Name)

(Document Number)

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MAY 17 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Semoran North Associates, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A32156

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

Please return all correspondence concerning this matter to:

Corinne P. McClure, Senior Paralegal  
Contact Person

McGuireWoods LLP  
Firm/Company

50 North Laura Street, Suite 3300  
Address

Jacksonville, FL 32202  
City, State and Zip Code

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

For further information concerning this matter, please call:

Corinne McClure at ( 904 ) 798-3294  
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:**  
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

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

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

RAX Co. hereby resigns as  
Name of Registered Agent

Registered Agent for Semoran North Associates, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

A32156  
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.

*Lisa O. Taylor*  
Signature of Registered Agent

If signing on behalf of an entity:

Lisa O. Taylor  
Typed or Printed Name

President  
Capacity

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

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