

A95 000000862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

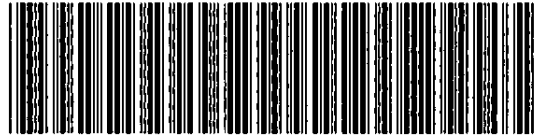
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100119781441

03/31/08--01035--014 \*\*87.50

FILED  
08 MAR 31 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Courts at Kendall Associates, Ltd.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A95000000862

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

Please return all correspondence concerning this matter to:

Steven S. Valancy, Esq.  
(Contact Person)

Jennings & Valancy, P.A.  
(Firm/Company)

311 S.E. 13th Street  
(Address)

Ft. Lauderdale, FL 33316  
(City, State and Zip Code)

For further information concerning this matter, please call:

Steven S. Valancy at ( 954 ) 463-1600  
(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

INHS16 (01/06)

FILED  
08 MAR 31 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

Jennings & Valancy, P.A., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Courts at Kendall Associates, Ltd.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A95000000862  
(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.

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

If signing on behalf of an entity:

Jennings & Valancy, P.A.  
\_\_\_\_\_  
Typed or Printed Name  
Vice President  
\_\_\_\_\_  
Capacity

FILED  
08 MAR 31 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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