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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Orlando Marketplace Limited Partnership (Name of Limited Partnership)
DOCUMENT NUMBER: A95000001737
The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Jeffrey P. Wieland
(Name of Person)
Akerman Senterfitt
(Name of Firm/Company)
255 South Orange Avenue, 17th Floor
(Address)
Orlando, Florida 32801
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeffrey P. Wieland at (407) 843-7860 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$87.50 made payable to the Florida Department of State.
Mailing Address: Street Address:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida S	Statutes, the undersigned,
Jeffrey P. Wieland	, hereby resigns as Registered
(Name of Registered Agent)	
Agent for Orlando Marketplace Limited Partners	hip
(Name of Lin	pited Partnership)
A95000001737	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed pa	artnership at its last known address.
The agency is terminated and the office discontinued on the	3) st day after the date on which this statement is filed.

FILING FEE: \$87.50

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314