

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000073874 3)))



H200000738743ABC+

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

2020 MAR -9 PM 3:06  
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
263 HUNT PARK COVE, LTD.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$87.50 |

3

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3/9/2020

Mar. 9. 2020 1:12PM

GRAY ROBINSON

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3/6/2020 11:37:53 AM PAGE 1/001 Fax Server



March 6, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

263 HUNT PARK COVE, LTD.  
1671 GLEN ETHEL LANE  
LONGWOOD, FL 32779

SUBJECT: 263 HUNT PARK COVE, LTD.  
REF: A97000002559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

★ Submitted in a Florida Corporation but the entity is a Florida Partnership.

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) 245-6050.

Octavia L Simmons FAX Aud. #: H20000073874  
Regulatory Specialist II Supervisor Letter Number: 520A00004965

★ Please see attached  
corrected doc. 3/9/2020

P.O BOX 6327 - Tallahassee, Florida 32314

Received Time Mar. 6. 2020 11:45AM No. 6434

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

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

Pamela O. Price

hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

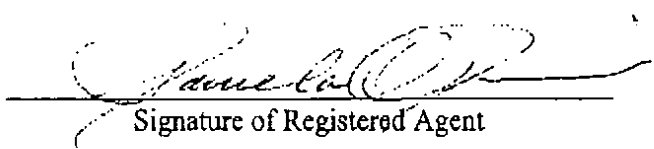
Registered Agent for 263 Hunt Park Cove, Ltd.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

A97000002559

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

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