

A98 000 000 603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

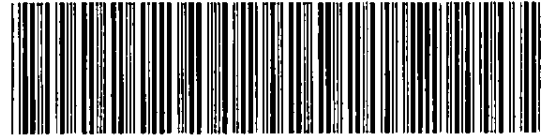
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**DATE:** 07/17/2024

**NAME:** PICERNE LAKEWOOD SENIOR APARTMENTS LIMITED  
PARTNERSHIP

**TYPE OF FILING:** RESIGNATION OF RA

**COST:** 84.00

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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

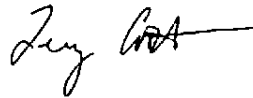
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,  
W. Terry Costolo, Esquire \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Picerne Lakewood Senior Apartments Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

A98000000603

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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