

A99 000006/909

(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



100433209841

FILED

2024 JUL 17 PM 12:45

60

RECEIVED

2024 JUL 17 PM 2:12

TALLAHASSEE, FLORIDA

60

113

15
FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 07/17/2024

NAME: KISSIMMEE POINT LIMITED PARTNERSHIP

TYPE OF FILING: RESIGNATION OF RA

COST: 84.5

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**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

hereby resigns as

Name of Registered Agent

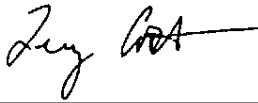
Registered Agent for Kissimmee Point Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

A99000001909

Florida Document Number, if known

The agent is terminated on the 31st 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

2024 JUL 17 PM 12:46

FILED

Filing Fee: \$87.50

Certified Copy (optional): \$52.50