

B03000000076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
16 JUN 13 AM 10:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUN 13 PM 12:43

JUN 14 2016  
J. HARRIS

CT

June 13, 2016

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 10047878 SO  
Customer Reference 1: Agent Services  
Customer Reference 2:

Dear Secretary of State, Florida :

Please obtain the following:

Panama City Beach Condos, Limited Partnership (DE)  
Misc - Foreign LP Filing - Resignation Filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PANAMA CITY BEACH CONDOS, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B03000000076

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

Please return all correspondence concerning this matter to:

Helen Mac-Tran

Contact Person

CT CORPORATION SYSTEM

Firm/Company

111 EIGHTH AVENUE 13TH FLOOR

Address

NEW YORK, NY 10011

City, State and Zip Code

Helen.Mac-Tran@Wolterskluwer.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Mac-Tran

Name of Contact Person

at ( 212 ) 590-9118

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

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

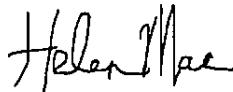
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

CT CORPORATION SYSTEM, hereby resigns as  
Name of Registered Agent

Registered Agent for PANAMA CITY BEACH CONDOS, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

B03000000076  
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:

CT CORPORATION SYSTEM

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

Assistant Secretary

\_\_\_\_\_  
Capacity

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

**FILED**  
16 JUN 13 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA