

B1000000054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

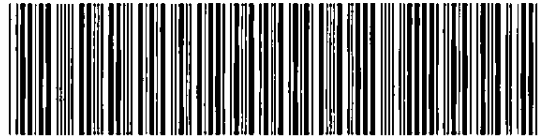
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**CAPITOL
SERVICES**

**Resignation of Registered Agent for
Limited Partnership**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: (800) 345-4647 Fax: (800) 432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**DATE: 2/27/2024
STATE: FLORIDA
REP UNIT: J4 DEVELOPMENT, LP**

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 33958 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-234363K

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

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

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for J4 DEVELOPMENT, LP,
Name of Limited Partnership or Limited Liability Limited Partnership

B10000000054
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:

Yvette Cleveland
Typed or Printed Name
Assistant Secretary
Capacity

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