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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****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
WESTOVER PROPERTIES L.P.**

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Corporate Filing Menu

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TALLAHASSEE, FL

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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,

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

Registered Agent for WINDSOR PROPERTY L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

B11000000143
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

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