

B170000000072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

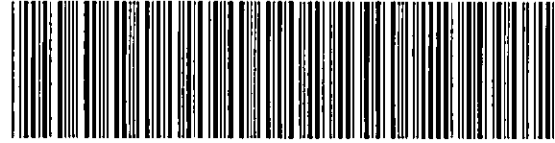
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 22 AM 9:55

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 05/22/24  
Order #: 1498225-50  
Re: ALTA Grande Apartments, L.P.  
Processing Method: Routine  
..

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation  
Amount to be deducted from our State Account: \$87.50 - FL State Account Number:  
120000000195  
AUTH

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALTA Grande Apartments, L.P.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B17000000072

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

Please return all correspondence concerning this matter to:

RESIGNATION DEPARTMENT

\_\_\_\_\_  
Contact Person

CORPORATION SERVICE COMPANY

\_\_\_\_\_  
Firm/Company

251 LITTLE FALLS DRIVE

\_\_\_\_\_  
Address

WILMINGTON, DE 19808

\_\_\_\_\_  
City, State and Zip Code

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

For further information concerning this matter, please call:

RESIGNATION DEPARTMENT

at ( 800 ) 927-9801

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

CORPORATION SERVICE COMPANY

\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

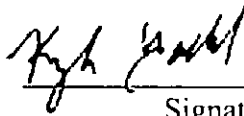
Registered Agent for ALTA Grande Apartments, L.P.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

B17000000072

\_\_\_\_\_  
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:

BY KYLE TODD

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

VICE PRESIDENT

\_\_\_\_\_  
Capacity

**Filing Fee:** \$87.50

**Certified Copy (optional):** \$52.50

**FILED**  
**2024 MAY 22 AM 9:55**  
**TALLAHASSEE, FLORIDA**