

1320 000 000234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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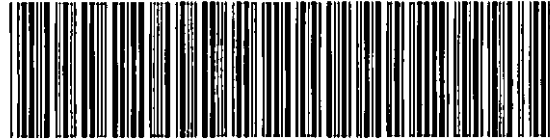
(Business Entity Name)

(Document Number)

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OCT 14 2022

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OTTER STORAGE FUND II GP, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B20000000234

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

Please return all correspondence concerning this matter to:

SAVANNAH SCHMIDT

Contact Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City, State and Zip Code

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

For further information concerning this matter, please call:

SAVANNAH SCHMIDT

Name of Contact Person

at (800) 533.7272

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**

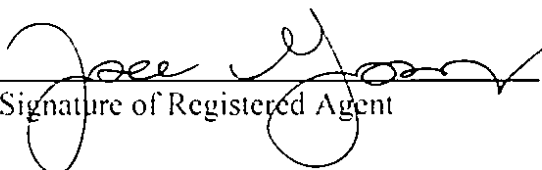
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

PARACORP INCORPORATED, hereby resigns as
Name of Registered Agent

Registered Agent for OTTER STORAGE FUND II GP, LP
Name of Limited Partnership or Limited Liability Limited Partnership

B20000000234
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:

JOSE GOMEZ
Typed or Printed Name

Asst. Secretary for Paracorp Incorporated
Capacity

FILED
2022 JUL 18 PM 3:24
TALLAHASSEE, FLORIDA

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