B20000000244

| (Pag | questor's Name) | |
|---------------------------|--------------------|-----------|
| (Net | questoi s Ivaille) | |
| (Add | dress) | |
| (Add | iless) | |
| | | |
| (Add | dress) | |
| | | |
| (Cit) | //State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Dur | siness Entity Nam | |
| (Du: | smess chuty ivan | iej |
| (Doc | cument Number) | |
| (200) | Sameni Namber, | |
| Certified Copies | Certificates | of Status |
| Certified Copies | Certificates | Oi Status |
| F | | |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |

Office Use Only



700390779497

07/18/22--01007--026 **87.50

2022 JUL 18 PM 3: 2



COVER LETTER

TO: Amendment Section Division of Corporations SHADICK ORANGE CITY, LP SUBJECT: Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: B20000000244 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: ____533.7272 SAVANNAH SCHMIDT Area Code and Daytime Telephone Number Name of Contact Person 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: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P. O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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

| Pursuant to the provis | ions of section 620.1116, Florida Statutes, the undersigned, | |
|---|--|---------------------------|
| PAI | RACORP INCORPORATED hereby | resigns as |
| | Name of Registered Agent | <i>5</i> |
| Registered Agent for | SHADICK ORANGE CITY, LP Name of Limited Partnership or Limited Liability Limited Part | nership |
| B2000 | 00000244 | |
| | Number, if known | |
| The agent is termina the Florida Departm | Jace James | _ |
| Signature of Registered Agent If signing on behalf of an entity: | | 2022 JUL 18 ALL THASSE |
| | JOSE GOMEZ | ۱۲ ات |
| _ | Typed or Printed Name | PH 3: |
| _ | Asst.Secretary for Paracorp Incorporated | 3: 2 TALE ORIB |
| _ | Capacity | - - |

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50