

B20 000 000 245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

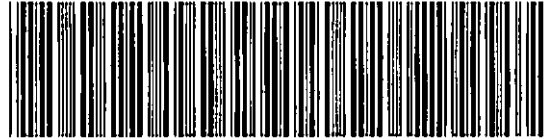
(Business Entity Name)

(Document Number)

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G. PRATHEP

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WOODLAND DELAND, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B20000000245

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

Name of Registered Agent

, hereby resigns as

Registered Agent for

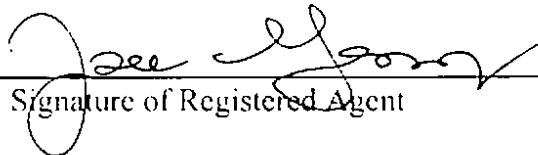
WOODLAND DELAND, LP

Name of Limited Partnership or Limited Liability Limited Partnership

B20000000245

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:

JOSE GOMEZ

Typed or Printed Name

Asst. Secretary for Paracorp Incorporated

Capacity

FILED  
2022 JUL 18 PM 3:22  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$87.50

Certified Copy (optional): \$52.50