

M13 000000 2425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

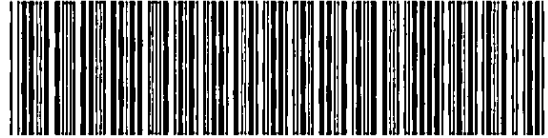
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE OAKS HOUSING PARTNERS GP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: M13000002425

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIKKI PERRY

Name of Person

KITTLE PROPERTY GROUP, INC.

Name of Firm/Company

310 EAST 96TH STREET, SUITE 400

Address

INDIANAPOLIS, IN 46240

City/State and Zip Code

nperry@kittleproperties.com

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

For further information concerning this matter, please call:

Nikki Perry

at (317) 833-0848

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

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

Street Address:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENT SOLUTIONS, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for THE OAKS HOUSING PARTNERS GP, LLC

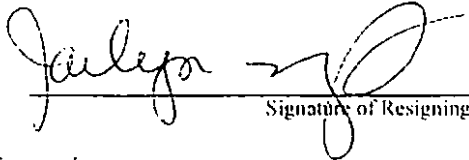
Name of Limited Liability Company

M13000002425

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Jaclyn Wright

Asst. Secretary, Registered Agent Solutions, Inc.

Capacity

SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL 28 PM 3:04

FILED

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314