

B20000000237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

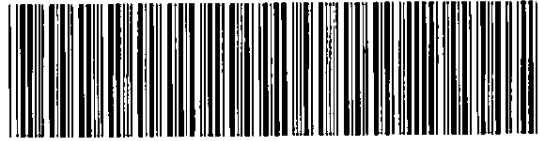
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 20 2025

Office Use Only



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2025 FEB 19 PM 12:15

RECEIVED
2025 FEB 19 PM 3:08



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 02/19/25
Order #: 1823675-1
Re: 1100 Biscayne Management Holdco (FL), LP
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

Enclosed please find:

Application for Certificate of Agent Resignation
Amount to be deducted from our State Account: \$87.50 - FL State Account Number:
I20000000195

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: 1100 Biscayne Management Holdco (FL), LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B20000000237

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

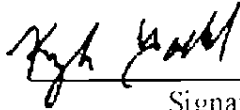
Registered Agent for 1100 Biscayne Management Holdco (FL), LP

Name of Limited Partnership or Limited Liability Limited Partnership *

1320000000237

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:

BY KYLE TODD

Typed or Printed Name

VICE PRESIDENT

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

FILED
2025 FEB 19 PM 12:16
FEB 19 2025