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(((H04000218868 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: Katz Barron Squitero Faust

Account Number : 072527002473

: (305)856-2444

Phone

: (305)285-9227

## REGISTERED AGENT RESIGNATION

NEIL SILVER ENTERPRISES LTD., A FLORIDA LIMITED PART

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

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11/2/2004

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NEIL SILVER ENTERPRISES LTD., A FLORIDA LIMITED PARTNE	_
(Name of Limited Partnership)	
DOCUMENT NUMBER: A0300000582	
The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submit	itted for filing.
Please return all correspondence concerning this matter to the following:	
Anna Krimshtein	
(Name of Person)	
Katz Barron Squitero Faust	
(Name of Firm/Company)	
2699 S. Bayshore Drive, 7th Floor	
(Address)	
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Anna Krimshtein at ( 305 ) 856-2444	
Anna Krimshtein at ( 305 ) 856-2444  (Name of Person) (Area Code & Daytime Telephone Number	<b>)</b>
Enclosed is a check for \$87.50 made payable to the Florida Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

INH\$16(11/02)

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T-002 P.003/003 F-524

Fax Audit Number: H040002188683

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Corpeo, Inc.	, hereby resigns as Registered
(Name of Registered Agent)	
gent forNEIL SILVER ENTERPRISES LTD.,	2
(Name of Limit	ed Partnership)
A FLORIDA LIMITED PARTNERSHIP	
	100
A0300000582	THE
(Document Number, if known)	(%, %)
	1,40
copy of this resignation was mailed to the above listed par	mership at its last known address.
The agency is terminated and the office discontinued on the	2 I st day after the date on which this statement is fi
the agency is terminated and the office discontinued on the	13, Quy who the date of which this successful is in

FILING FEE: \$87.50

(Signature)

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

Fax Audit Number: H04000218868 3