

# A98000002386

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : CUMMINGS & LOCKWOOD  
Account Number : 102336001100  
Phone : (941) 649-3186  
Fax Number : (941) 263-0703

## REGISTERED AGENT RESIGNATION

### SECTION 20 LAND GROUP, LTD.

Certificate of Status	0
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Estimated Charge	<del>335.00</del> 87.50

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP**

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
01 OCT 29

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

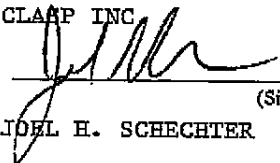
CLASP INC., hereby resigns as Registered  
(Name of Registered Agent)

Agent for SECTION 20 LAND GROUP, LTD.

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership 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.

BY: CLASP INC.  
 PRESIDENT  
(Signature)  
JOEL H. SCHECHTER

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

FILING FEE: \$ 87.50

INHS16(9/98)

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