(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: The Killing F  Name of Limited Partnership or Limited Lia	i RM Co.  bility Limited Partnership
DOCUMENT NUMBER: F 1300000	
The enclosed Resignation of Registered Agent and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to	:
DAWN JAYMA, ESQ Contact Person	_
Firm/Company	_
8887 SW 211 LANG	
Address	
CUTLER BAY PL City. State and Zip Code	33189
Dawn TAY MAO GMAIL . CO E-mail address: (to be used for future annual report notification	M 305 469 3415
For further information concerning this matter, please call	:
Name of Contact Person at (215) Area Code	and Daytime Telephone Number
Enclosed is a check made payable to the Florida Departme	ent of State for:
\$87.50 Filing Fee	and \$52.50 Certified Copy Fee)
Amendment Section Amer Division of Corporations Divis P.O. Box 6327 The C Tallahassee, FL 32314 2415	t Address: Indment Section It ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 Inassee, 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,	
Name of Registered Agent. hereby resigns as	
Registered Agent for The Killing Frag P.C.  Name of Limited Partnership or Limited Liability Limited Partnership	
F1300001437 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.	
Bignature of Registered Agent	. <del>á</del>
If signing on behalf of an entity:	FI
Typed or Printed Name	
Capacity	- :

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50