Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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Email Address:_____

LLC REGISTERED AGENT RESIGNATION ALPHA CENTURIA FUND PARTNERS, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.011	Florida Statutes, the u	ndersigned,			
C T CORPORATION SYSTEM		, hereby resigns as				
Name of Registered Agent			; norvey resig	313 110		
Registered Agent for _						
ALPHA CENTUR	IA FUND PARTNE	RS, LLC				
	Name of Lin	ited Liability Company				················
M18000005085						
	Number, if known					
A copy of this resigna	tion was mailed to the	shove listed limited liabi	lity company at i	ts last k	nown ad	dress.
707	and an indicator are an illumin	mainer of an about 21 at days	athartha data on	which t	his statu	mant ic tile
The agency is fermina	ted and the office disco	ontinued on the 31st day	after the date of	WHICH L	iiis statei	iliciit is iiiv
		.1				
		Kinday Jangery				
		Signature of Resignify All	ent			
If signing on behalf of	fan entify:					
	Kimberly Laugh	rev				
		'yped or Printed Name		<i>:*</i>	207	
	Assistant Secretary				70 /	<u>}</u>
		Capacity			2020 AU6	<u> </u>
					<u>, </u>	;
						177
	FILING	rrrs.			\geqslant	ָר" <u>י</u>
	\$ 85.00	Active limited liabilit	y company	,	œ	
	\$ 25.00	Administratively diss withdrawn limited li	olved/voluntari	ly disso	lveed/	
		within awir minicu ii	aomiy company	•		
	Make checks paya	ble to Florida Departmen	t of State and mai	I to:		
		Division of Corporation				

P.O. Box 6327 Tallahassee, FL 32314