

A9 3000000372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phc)

☐ PICK-UP

☐ WAIT

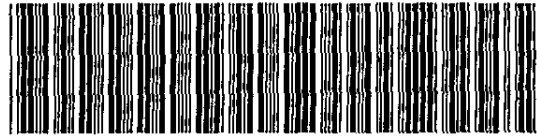
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 3141 Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A93000000372

The enclosed Resignation of Registered Agent for a Limited Partnership and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jeffrey P. Wieland
(Name of Person)

Akerman Senterfitt
(Name of Firm/Company)

255 South Orange Avenue, 17th Floor
(Address)

Orlando, Florida 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey P. Wieland at (407) 843-7860
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$87.50 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

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

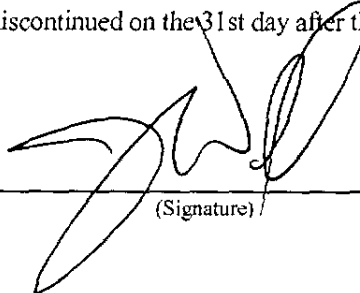
Jeffrey P. Wieland, hereby resigns as Registered
(Name of Registered Agent)

Agent for 3141 Limited Partnership
(Name of Limited Partnership)

A93000000372
(Document Number, if known)

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.


(Signature)

FILING FEE: \$ 87.50

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

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TALLAHASSEE FLORIDA