A0100000069

| (Requestor's Name) | | | | | |
|-----------------------------------------|----------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| · | • | • | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



800059770638

09/22/05--01025--030 **87.50



9/28

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---------------------------------------------------------------------------------------------------------|
| SUBJECT: Finlay Interests 4, Ltd. (Name of Limited Partnership) |
| DOCUMENT NUMBER: <u>A0100000009</u> |
| 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: |
| Shaneka McDonald, Clerk (Name of Person) |
| Broad and Casse 1 (Name of Firm/Company) |
| 290 N. Drango Ave., Suite 1100 |
| Orlando, FL 32801 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Shareka M Sonald at (467) 481-5210 (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,

| BEC Corporate Services of ((Name of Registered Agent) | Sentral Florida, Inc; her | reby resigns as Register | ed |
|--------------------------------------------------------|------------------------------------------------------|--------------------------|------------------------|
| (Name of Registered Agent) | • | | |
| Agent for Finlay Interests | 4, 6td. | | |
| | (Name of Limited Partnership | o) | |
| | | <u> </u> | 353 2 |
| 401000000069 | | | |
| (Document Number, if known) | | | 70 0 |
| (Document Passions, it known) | | | 器。 |
| A copy of this resignation was mailed to the | ne above listed partnership at i | its last known address. | 72 |
| The agency is terminated and the office dia | scontinued on the 31st day aft Services of Centra | er the date on which thi | is statement is filed. |
| | (Signature) | Robyn None | en, Vice President |
| | | | |

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