Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000136103 3)))



H250001361033ABCV

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To:

Division of Corporations

Fax Number : (8

: (850)617-6380

From:

Account Name : NEIMAN & INTERIAN, PLLC

Account Number : I20180000010 Phone : (305)530-9400 Fax Number : (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _______

REGISTERED AGENT RESIGNATION JOLLY PARTNERS LIMITED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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(((H25000138103 3))) COVER LETTER

	ndment Section sion of Corporations			
SUBJECT:		JOLLY PART	NERS LA	(LLED
00000011	Name of Limited	Partnership or Limi	ited Liabili	ty Limited Partnership
DOCUMEN	T NUMBER:	A0100000039	8	
The enclosed	l Resignation of Registe	ered Agent and f	ee(s) are	submitted for filing.
Please return	all correspondence cor	ncerning this ma	tter to:	
ALBWRTO N	VTERIAN, ESQ.			
	Contact Person			
NEIMAN & IN	NTERIAN, PLLC			
	Firm/Company	•		
2020 PONCE	DE LEON BOULEVARD,	SUITE 1005B		
	Address			
CORAL GABI	LES, FLORIDA 33134			
	City, State and Zip	Code		
AINTERIAN@	NIFLALAW.COM			
E-mail ad	dress: (to be used for future	annual report notifi	cation)	
For further in	nformation concerning	this matter, pleas	se call:	
ALBERTO IN	TERIAN, ESQ.	at (05	539-9400
Name of C	Contact Person	Are	a Code and	i Daytime Telephone Number
Enclosed is a	i check made payable to	the Florida Dep	partment	of State for:
🛢 \$87.50 Fil	ling Fee 🗇 \$14	10.00 (\$87.50 Filin	g Fec and	\$52.50 Certified Copy Fee)
Mailing Add			Street A	
Amendment				nent Section of Corporations
Division of C P.O. Box 632				tre of Taliahassee
Tallahassee.			=	Monroe Street, Suite 810
	1 W J & J & J & 1			see, FL 32303

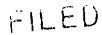
INHS16 (01/06)

4/14/2025 1:53:57 PM p. 4 of 4

(((H25000136103 3)))

From: 3055309409

RESIGNATION OF REGISTERED AGENT FOR



LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

		2025 APR 14	AM 11: 00
Pursuant to the provi	sions of section 620.1116, Florida Statutes, the undersign		
NEIMAN & INTERIA	N, PLLC	ed, oby resigns as: 1995	.f 51mi
<u> </u>	Name of Registered Agent	son residue gat 2 427	
Registered Agent for _	JOLLY PARTNERS LIMITED		
	Name of Limited Partnership or Limited Liability Limited P	artnership	
A0100000398			
Florida Documen	t Number, if known		
The agent is termin the Florida Departs If signing on behalf	Signature of Registered Agent	ment is filed by	
	ALBERTO INTERIAN, ESQ.		
-	Typed or Printed Name		
	MANAGER		

Capacity

\$87.50 Filing Fee: Certified Copy (optional): \$52.50