

A030000000543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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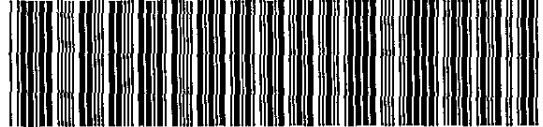
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ATLANTA, GEORGIA

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5-27-05-04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDI SECURE LLLP
(Name of Limited Partnership)

DOCUMENT NUMBER: A03000000543

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:

Shaikh Abdul Tawala Ibn Ali Alishtari

(Name of Person)

c/o EDI SECURE LLLP

(Name of Firm/Company)

1101 NORTH DESTINY ROAD, SUITE 125

(Address)

MAITLAND, FLORIDA 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Shaikh Abdul Tawala Ibn Ali Alishtari

(Name of Person)

at (646) 529-0475

(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,

DeCubellis Meeks & Uncapher, P.A., hereby resigns as Registered
(Name of Registered Agent)

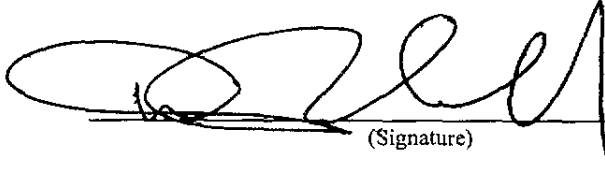
Agent for EDI SECURE LLLP
(Name of Limited Partnership)

A03000000543

(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)

FILED
05 MAY 27 PM 12:08
CLERK OF STATE
TALLAHASSEE, FLORIDA

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