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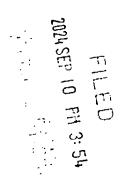
(Requestor's Name)				
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(Business Entity Name)				
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## COVER LETTER

TO:	Amendment Section Division of Corporations		
cum i	ECT: ADC EQUITY PARTNERS TOS	CANA, LTD.	
SUBJ	Name of Limited Partne	rship or Limited Liab	pility Limited Partnership
DOC	UMENT NUMBER:		
The ei	nclosed Resignation of Registered A	Agent and fee(s) a	are submitted for filing.
Please	return all correspondence concerni	ing this matter to:	
Jeffrey	A. Deutch		
	Contact Person		_
Nelson	Mullins Riley & Scarborough LLP		
	Firm/Company		_
1905 N	WW Corporate Boulevard, Suite 310		
	Address		_
Boca R	Raton, FL 33431		
	City. State and Zip Code		_
Jeffrey	.Deutch@nelsonmullins.com		
E	-mail address: (to be used for future annua	l report notification)	_
For fu	rther information concerning this m	natter, please call:	
Jeffrey	A. Deutch	at (	343-6960
N	ame of Contact Person		and Daytime Telephone Number
Enclo:	sed is a check made payable to the l	Florida Departme	nt of State for:
<b>□ \$</b> 87	7.50 Filing Fee ☐ \$140.00	(\$87.50 Filing Fee a	nd \$52.50 Certified Copy Fee)
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 bassee, FL 32314	Amen Divisi The C 2415 I	Address: dment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provi-	isions of section 620.1116. Florida Statutes, the undersigned,	
Jeffrey A. Deutch P.A.	A, hereby resigns as	
	Name of Registered Agent	
Registered Agent for	ADC EQUITY PARTNERS TOSCANA, LTD.	
regumened rigem to	Name of Limited Partnership or Limited Liability Limited Partnership	<i>e</i> 2.
A03000000619		F. ()
Florida Documen	nt Number, if known	Mark Colors
The agent is termin the Florida Departn	nated on the 31 <sup>st</sup> day after the date on which this statement is filed by ment of State.  Signature of Registered Agent	7. S.
If signing on behalf	If of an entity:	
	Jeffrey A. Deutch P.A.	
-	Typed or Printed Name	
	President	
-	Capacity	

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