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	ent Section of Corporations		
SUBJECT:		ESTMENT COMPA	
		rtnership or Limited Liability I	Limited Partnership
DOCUMENT N	UMBER: <u>A04000</u>	000041	
The enclosed Re	signation of Registere	d Agent and fee(s) are su	bmitted for filing.
Please return all	correspondence conce	erning this matter to:	
	Charles L. Cooper,	Jr.	
	Contact Person		
	Bryant Miller Olive I	P.A.	
	Firm/Company		
10	1 N. Monroe St., S	te 900	
	Address		
	Tallahassee, FL 32	301	
	City, State and Zip Co	de	
E-mail address	to be used for future and	nual report notification)	
For further inform	nation concerning this	s matter, please call:	
	Pam Bailey	at (850)	222-8611
Name of Conta	ct Person	Area Code and Da	nytime Telephone Number
Enclosed is a che	ck made payable to th	ne Florida Department of	State for:
\$87.50 Filing	Fee \$140.	00 (\$87.50 Filing Fee and \$52	50 Certified Copy Fee)
STREET ADDR Amendment Sect		MAILING Amendmen	ADDRESS:
Division of Corp		Division of	Corporations
Clifton Building		P. O. Box 6	
2661 Executive C Tallahassee, FL		Tallahassee	, FL 32314

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

Pursuant to the provisions	of section 620.1116, Florida Statutes	s, the undersigned,
Ch	arles L. Cooper, Jr.	, hereby resigns as
Nam	e of Registered Agent	
Registered Agent forNa	SRB INVESTMENT COM	
A0400000	00041	
Florida Document Num		
the Florida Department of	Signature of Registered Age	
If signing on behalf of a	n entity:	
 -	Typed or Printed Name	
	Capacity	

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