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COVER LETTER

	on of Corporations				
SUBJECT: _	SFB INVES	STMENT CON	<u> IPANY</u>	LLLP	
	Name of Limited Partner	rship or Limited Liab	ollity Limit	ed Partnership	
DOCUMENT	NUMBER: <u>A0400000</u>	0042			
The enclosed I	Resignation of Registered A	agent and fee(s) a	re submit	ted for filing.	
Please return a	Ill correspondence concerni	ng this matter to:			
	Charles L. Cooper, Jr.		_		
	Contact Person				
	Bryant Miller Olive P.A	ı.			
	Firm/Company		_		
	101 N. Monroe St., Ste 9	900	_		
	Address				
	Tallahassee, FL 32301	l			
	City, State and Zip Code				
E-mail addr	ess: (to be used for future annual	report notification)	_		
For further info	ormation concerning this m	atter, please call:			
	Pam Bailey	at (850)	222-8611	
Name of Co	ontact Person	Area Code a	and Daytim	e Telephone Number	
Enclosed is a c	heck made payable to the F	lorida Departmei	nt of State	e for:	
✓ \$87.50 Filin	ng Fee	(\$87.50 Filing Fee ar	nd \$52.50 C	Certified Copy Fee)	
STREET AD			ING AD		
Amendment Section Amendment Division of Corporations Division of Corporations					
Division of Corporations Clifton Building Division of Corporation P. O. Box 6327		-			
2661 Executive	661 Executive Center Circle Tallahassee, FL 32314				

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

Pursuant to the provisi	ions of section 620.1116, Florida Statutes, the undersigned,
	Charles Cooper . Cooper to byrre, PLLC, hereby resigns as
	Name of Registered Agent
Registered Agent for _	SFB INVESTMENT COMPANY, LLLP Name of Limited Partnership or Limited Liability Limited Partnership
A0400	0000042
Florida Document	Number, if known
the Florida Departme	Signature of Registered Agent
If signing on behalf	of an entity:
_	Typed or Printed Name
	Capacity

Filing Fee:

\$87.50

Certified Copy (optional): \$52.50