

Division of Corporations

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**A 040000001639**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : THOMAS C. COBB P.A.  
Account Number : 110670000060  
Phone : (305) 571-8062  
Fax Number : (305) 571-8063

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**REGISTERED AGENT RESIGNATION**

**ATRIUM-SAN REMO ASSOCIATES, LTD.**

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

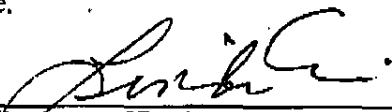
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Linda Ebin, hereby resigns as  
(Name of Registered Agent)

Registered Agent for ATRIUM-SAN REMO ASSOCIATES, LTD.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A04000001639  
(Florida Document Number, if known)

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed by the Florida Department of State.

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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