

A0400000 1952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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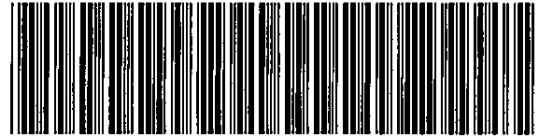
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHERN STAR PARTNERS, LTD.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A04000001952

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

WILLIAM A. ADAMS

(Contact Person)

(Firm/Company)

13100 PINE BOROUGH LANE

(Address)

PALM BEACH GARDENS, FLORIDA 33418

(City, State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. ADAMS

(Name of Contact Person)

at ( 561 ) 626-9096

(Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
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, the undersigned,

WILLIAM A. ADAMS, hereby resigns as  
(Name of Registered Agent)

Registered Agent for SOUTHERN STAR PARTNERS, LTD.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A040000001952  
(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:

WILLIAM A. ADAMS  
Typed or Printed Name

PARTNER  
Capacity

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

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