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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Garpan, a Limited Partnership (Name of Limited Partnership or Limited Liability Limited Partnership)		
DOCUMENT NUMBER: A040000	02079	
The enclosed Resignation of Registered Ag	ent and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Catherine Hester		
(Contact Person)		
Harrison, Rivard & Bennett		
(Firm/Company)		
101 Harrison Avenue		
(Address)		
Panama City Florida 2240	4	
Panama City, Florida 3240 (City, State and Zip Code)	<u> </u>	
(City, State and Zip Code)		
(City, State and Zip Code) For further information concerning this mat	tter, please call:	
(City, State and Zip Code)		
(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person)	tter, please call: at (850)769-7714 (Area Code and Daytime Telephone Number)	
(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person) Enclosed is a check made payable to the Floring Code)	at (850) 769-7714 (Area Code and Daytime Telephone Number) orida Department of State for:	
(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person) Enclosed is a check made payable to the Floring Code)	tter, please call: at (850)769-7714 (Area Code and Daytime Telephone Number)	
(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person) Enclosed is a check made payable to the Flor ✓ \$87.50 Filing Fee □ \$140.00 (\$88) STREET ADDRESS:	tter, please call: at (850) 769-7714 (Area Code and Daytime Telephone Number) orida Department of State for: 37.50 Filing Fee and \$52.50 Certified Copy Fee) MAILING ADDRESS:	
(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person) Enclosed is a check made payable to the Floring Fee □\$140.00 (\$8 STREET ADDRESS: Amendment Section	tter, please call: at (850) 769-7714 (Area Code and Daytime Telephone Number) orida Department of State for: 7.50 Filing Fee and \$52.50 Certified Copy Fee) MAILING ADDRESS: Amendment Section	
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(City, State and Zip Code) For further information concerning this mate Catherine Hester (Name of Contact Person) Enclosed is a check made payable to the Flow \$87.50 Filing Fee □\$140.00 (\$80 STREET ADDRESS: Amendment Section Division of Corporations	tter, please call: at (850) 769-7714 (Area Code and Daytime Telephone Number) orida Department of State for: 7.50 Filing Fee and \$52.50 Certified Copy Fee) MAILING ADDRESS: Amendment Section Division of Corporations	

INHS16 (01/06)

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersig	ned,
Harrison, Rivard & Bennett	ereby resigns as
(Name of Registered Agent)	neey teergine as
Registered Agent for Garpan, a Limited Partnership (Name of Limited Partnership or Limited Liability Limited Partnership)	ited Partnership)
<u>A0400002079</u>	
(Florida Document Number, if known)	
The agent is terminated on the 31 st day after the date on which this state the Florida Department of State. Signature of Registered Agent	ement is filed by
If signing on behalf of an entity:	4.0 9
William G. Harrison, Jr.	
Typed or Printed Name	H. S. F.
President	SSE
Capacity	E FE
	PATE TO
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Filing Fee: \$87.50 Certified Copy (optional): \$52.50