| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| , PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700073424657

/05/08/06--01006--005 **140.00

DIVISION OF CORPORATIONS

4 BRYAN MAY 2 5 2006

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: SOUTH FLORIDA PARTNERS 2006, LLLP (Name of Limited Partnership or Limited Liability Limited Partnership) **DOCUMENT NUMBER:** <u>A</u>0600000216 The enclosed Resignation of Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **ERIC SIKES** (Contact Person) (Firm/Company) 621 NW 53RD STREET, SUITE 420 (Address) BOCA RATON, FL 33487 (City, State and Zip Code) For further information concerning this matter, please call: **ERIC SIKES** (Name of Contact Person) Enclosed is a check made payable to the Florida Department of State for: ☑ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee) \$87.50 Filing Fee STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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 undersigned, | |
|---|----------------|
| KENNETH S. FEYERS , hereby resigns as | |
| (Name of Registered Agent) | t |
| Registered Agent for SOUTH FLORIDA PARTNERS 2006, LLL, P (Name of Limited Partnership or Limited Liability Limited Partnership) A0600000216 (Florida Document Number, if known) |) |
| The agent is terminated on the 31 st day after the date on which this statement is filed the Florida Department of State. Signature of Registered Agent | by |
| If signing on behalf of an entity: | |
| Typed or Printed Name | DIVISION OF CO |
| Capacity | B COR |
| | PH 12: 55 |
| Filing Fee: \$87.50 Certified Copy (optional): \$52.50 | |