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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Res
10/2/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Partners Two, LLP.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of ~~Amendment~~ RA Resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tim A. SHANE
(Contact Person)

Tim A. SHANE PA
(Firm/Company)

621 N.W. 53 St #420
(Address)

Boca Raton, FL 33487
(City, State and Zip Code)

For further information concerning this matter, please call:

Tim A. SHANE at (561) 886-5580
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

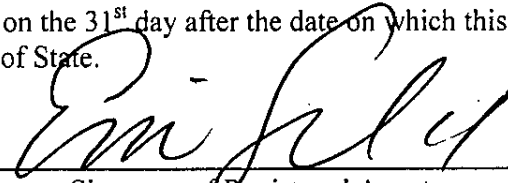
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

ERIC Sikes, hereby resigns as
(Name of Registered Agent)

Registered Agent for Florida Partners Two LLP,
(Name of Limited Partnership or Limited Liability Limited Partnership)

NO6000000650
(Florida Document Number, if known)

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

x 
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

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