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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MARY RUSSELLE Name of Limited Partnershi	NTEKPRISES LIMITED p or Limited Liability Limited Partnership
DOCUMENT NUMBER: A 11000000	273
The enclosed Resignation of Registered Age	nt and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
MARIPANE CONT. TON Contact Person	
MARIANNE CONTON, P. A. Firm/Company	
27 Stratford Lane West, Unite	<u>7A </u>
Boynton Beach, 41 33486 City, State and Zip Code	Figure 1
Mary @marvrvssell. Com E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter	er, please call:
Name of Contact Person	at (<u>561</u>) 742-8074 Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flor	rida Department of State for:
■ \$87.50 Filing Fee	7.50 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 provision	ons of section 620.1116, F	Florida Statutes, the unde	rsigned,		
MARIANNE	COULTON, P. A.		, hereby resigns as		
Ņ	Name of Registered Agent				
Registered Agent for _	MARY RUSSELL	ENTERPRISES LI	MITED .		
	Name of Limited Partnersh	nip or Limited Liability Lim	nited Partnership		
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Florida Document N	lumber, if known	-			
the Florida Departme	ed on the 31 st day after ent of State. **Lastaure Could** Signature of R) 	2813 KAY 2	
	Signature of R	egistered Agent			ember s
If signing on behalf o		-To N	大学 の	28 四 4:12	
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Filing Fee: \$87.50 Certified Copy (optional): \$52.50