## A11000000640

(Daniel L. N. 1997)						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
<u>_</u>						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Special Instructions to Filing Officer:						

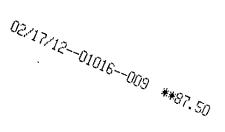
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SECRETARY OF STATES

2012 FEB 17 AM 8: 04



J. SAULSBERRY EXAMINER FEB 22 2012

## **COVER LETTER**

TO:	Amendment Section Division of Corpor							
SUBJ	ECT:	F	RDSN	1, LLL	Р			
	Name	of Limited Partnershi	p or Lin	nited Liab	oility Limit	ed Partnershi	р	
DOC	UMENT NUMBER	: <u>A110000006</u>	40					
The e	nclosed Resignation	of Registered Age	nt and	fee(s) a	re submi	tted for fili	ng.	
Please	return all correspor	dence concerning	this m	atter to:				
		. Grant, Esq.			_			
	Cor	ntact Person						
	Marshall	Grant & Griffin				•		
	Fin	n/Company			_			
197 S. Federal Highway, Suite 3			300		_		SECT	2012 F
		Address					AHA ZEZZ	83.
Boca Raton, FL 33432				_		SSEE. F	17 A	
	City, St	ate and Zip Code					STATE	AM 8: 04
Ë	-mail address: (to be use	d for future annual rep	ort noti	fication)	_		متز	
For fu	rther information co	ncerning this matte	er, plea	ise call:				
	Joe M. Gran	t, Esq	at (_	561	_)	672-758	30	_
N	ame of Contact Person		Ar	ea Code	and Daytin	ne Telephone	Number	
Enclos	sed is a check made	payable to the Flor	rida De	partme	nt of Stat	e for:		
<b>√</b> \$87	7.50 Filing Fee	\$140.00 (\$8	7.50 Fil	ing Fee ai	nd \$52.50 (	Certified Cop	y 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				

## RÉSIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provis	ions of section 620.1116, Florida Statutes, the u	ındersigned,
	Joe M. Grant	, hereby resigns as
	Name of Registered Agent	,
. Registered Agent for	RDSM, LLLP	<b>,</b>
	Name of Limited Partnership or Limited Liability	Limited Partnership
A1100	0000640	
Florida Document	Number, if known	
the Florida Departm  - If signing on behalf	Signature of Registered Agent	2012 FEB SECRETA TALLAHAS
If signing on behalf	of an entity:	n n n n n n n n n n n n n n n n n n n
	Joe M. Grant	(A)
	Typed or Printed Name	
_	Registered Agent Capacity	AM 8: 04  OF STATE FLORIDA

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