



FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1. FAMILY AND LOVE PARTNERSHIP, LLLP

PLEASE RETURN A STAMPED COPY

CHECK# 8430    FOR:    \$87.50

THANK YOU!

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

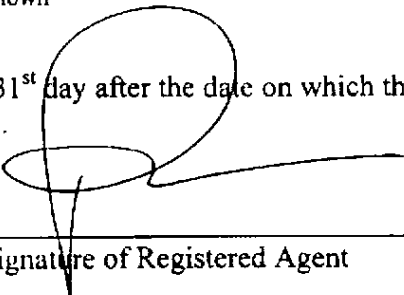
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

ATRIUM REGISTERED AGENTS, INC., hereby resigns as  
Name of Registered Agent

Registered Agent for FAMILY AND LOVE PARTNERSHIP, LLLP,  
Name of Limited Partnership or Limited Liability Limited Partnership

A15000000228  
Florida Document Number, if known

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

  
\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

RALPH A. NARDI  
Typed or Printed Name  
VICE PRESIDENT, DIRECTOR  
Capacity

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

2019 OCT 22 AM 9:55