

A15000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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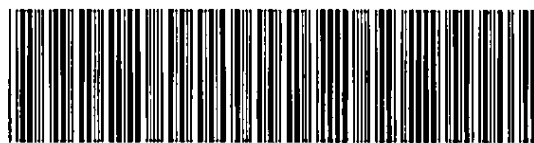
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KENNEDYS AMERICAS LP

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A15000000807

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PHILIP JOSEPHSON

\_\_\_\_\_  
Contact Person

STERLING BUSINESS LAW

\_\_\_\_\_  
Firm/Company

2665 S. BAYSHORE DRIVE, PH2B

\_\_\_\_\_  
Address

MIAMI, FL 33133

\_\_\_\_\_  
City, State and Zip Code

pjosephson@sterlingbusinesslaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP JOSEPHSON

at ( 305 ) 2857970

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

\$87.50 Filing Fee

\$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

STERLING BUSINESS LAW

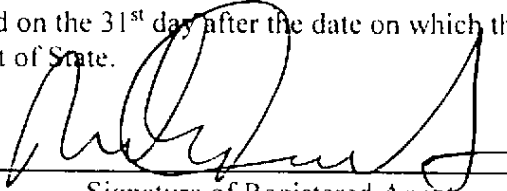
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for KENNEDYS AMERICAS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

A15000000807

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:

PHILIP JOSEPHSON

Typed or Printed Name

PRESIDENT

Capacity

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

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