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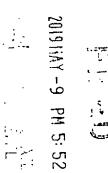
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COVER LETTER

Division of Corporations		
SUBJECT: Mayfair Associates, Ltd.		
Name of Limited Partnersh	ip or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A92000000	156	
The enclosed Resignation of Registered Age	int and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Corinne P. McClure, Senior Par	alegal	
Contact Person		
McGuireWoods LLP		
Firm/Company		
50 North Laura Street, Suite 3	3300	
Address		
Jacksonville, FL 32202		
City, State and Zip Code		
	2.22	
Cmcclure@mcguirewoods.co		
For further information concerning this matt	er, piease can:	
Corinne McClure	at (904) 798-3294	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the Flo	rida Department of State for:	
\$87.50 Filing Fee \$140.00 (\$8	7.50 Filing Fee and \$52.50 Certified Copy Fee)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section Division of Corporations	
Division of Corporations Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee FL 32301		

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

Pursuant to the provisi	ons of section 620.1116, Florida Statut	tes, the undersigned.
	RAX Co.	, hereby resigns as
1	Name of Registered Agent	
Registered Agent for _	Mayfair Associate Name of Limited Partnership or Limited	es, Ltd.
	Name of Limited Partnership or Limited	Liability Limited Partnership
	0000156	
Florida Document	Number, if known	
The agent is terminathe Florida Department	led on the 31 st day after the date on ent of State. Signature of Registered A	
If signing on behalf of	of an entity:	
_	Lisa O. Taylor	
	Typed or Printed Name	
	President	2019 HAY
_	Capacity	The state of the s
		9
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Filing Fee:	\$87.50	``
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