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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : CUMMINGS & LOCKWOOD

Account Number : 102336001100 Phone : (941)649-318# 3 Fax Number : (941)263-0703

REGISTERED AGENT RESIGNATION

TWINEAGLES MANAGEMENT, LTD.

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,	PM 12: 33 OF STATE E, FLORIDA
CLASP INC, hereby resigns as Registered (Name of Registered Agent)	
Agent for TWINEAGLES MANAGEMENT, LTD.	
(Name of Limited Partnership)	

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

BY:

CLASP (INCA

PRESIDENT

(Signature)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEE: \$87.50

INHS16(9/98)