417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Encon Associates Limited | |
|--------------------------|---|
| ncon Associates Limited | 9000027315390 |
| Far Mish | 9000027315390 -01/06/9901026006 *****262.50 ******87.50 |
| | |
| | Art of Inc. File \(\) Los Malien |
| | LTD Partnership File |
| | Foreign Corp. File |
| | L.C. File |
| | Fictitious Name File |
| | Trade/Service Mark |
| | Merger File |
| | Art. of Amend. File |
| | RA Resignation A |
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. Copy |
| | Photo Copy N |
| | Certificate of Good Standing |
| | Certificate of Status |
| | Certificate of Fictitious Name |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| 11 | Fictitious Owner Search |
| Signature | Vehicle Search |
| | Driving Record |
| Requested by: | UCC 1 or 3 File |
| WC COY 1/5 9:00 | UCC 11 Search |
| Name Date Time | UCC 11 Retrieval |
| Walk-In Will Pick Up | Courier |



Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

| Capital Connection, Inc., hereby (Name of Registered Agent), hereby | |
|---|---|
| resigns as Registered Agent for <u>Fncon</u> Associates Limited (Name of Limited Partnership) | |
| (Name of Limited Partnership) 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.

(Signature)

FILING FEE: \$87.50