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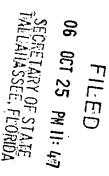
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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AMA Do hosson

COVER LETTER

TO: Amendment Section Division of Corporation	ons
SUBJECT: Twin Dolph (Name of L	ins Equity Partners, Ltd. Limited Partnership or Limited Liability Limited Partnership)
DOCUMENT NUMBER: _	• .
The enclosed Resignation of F	Registered Agent and fee(s) are submitted for filing.
Please return all corresponden	
5 Charles Bennett	III-
	ts: Development, Inc
3301 Bonita Beach	
Bonita Springs (City, State)	
For further information concer	rning this matter, please call:
5 Charles Bennett	at (239) 992.6960 (Area Code and Daytime Telephone Number)
,	able to the Florida Department of State for:
\$87.50 Filing Fee [☐ \$140.00 (\$87.50 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	

INHS16 (01/06)

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the under	signed,
5 Charles Rennett III (Name of Registered Agent)	hereby resigns as
Registered Agent for Twin Dolphins Equity Partners, L. (Name of Limited Partnership or Limited Liability L.)	
(Florida Document Number, if known)	
The agent is terminated on the 31st day after the date on which this s the Florida Department of State.	statement is filed by
Signature of Registered Agent	
If signing on behalf of an entity:	96 OC
Typed or Printed Name	TARY OF ASSEE, I
Capacity	PN II: 4:

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