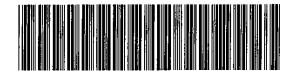
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: WAF 375 Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership)	
• -	
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Tracy Fairman (Contact Person)	
Farman & Associates, Inc. (Firm/Company)	
4281 nw 12t Avenue (Address)	
Boca Ration, FL 33431 (City, State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (501), 3002-7224 (Area Code and Daytime Telephone Number)	
(Name of Contact Person) (Area Code and Daytime Telephone Numb	oer)
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)	
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	

INH\$16 (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 undersigned,			
(Name of Registered Agent), hereby resig	ıns as		
Registered Agent for(Name of Limited Partnership or Limited Liability Limited Partnership or Lim	rship)		
The agent is terminated on the 31 st day after the date on which this statement is the Florida Department of State.	filed by		
Signature of Registered Agent	SECRET	9 I NUL 30	~ 77
If signing on behalf of an entity: Tracy - Farman Typed or Printed Name Urector Capacity	TARY OF STATE ASSEE, FLORIDA	116 PM 2:58	
Capacity			

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