

A9900000/169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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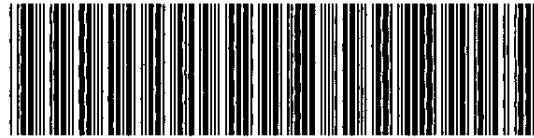
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA Resign  
T Lewis  
3/13/08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Patrie, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A99000001169

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alina Artamendi, Legal Assistant

(Contact Person)

Packman Neuwahl & Rosenberg

(Firm/Company)

1500 San Remo Avenue, Suite 125

(Address)

Coral Gables, FL 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

Malcolm H. Neuwahl, Esq. at ( 305 ) 665-3311

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

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:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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 undersigned,

Atrium Registered Agents, Inc., hereby resigns as  
(Name of Registered Agent)

Registered Agent for Patrie, Ltd.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

A99000001169  
(Florida Document Number, if known)

The agent is terminated on the 31<sup>st</sup> day after the date on which this statement is filed  
the Florida Department of State.

  
Signature of Registered Agent

If signing on behalf of an entity:

Malcolm H. Neuwahl, Esq.

Typed or Printed Name

Vice President

Capacity

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

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