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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

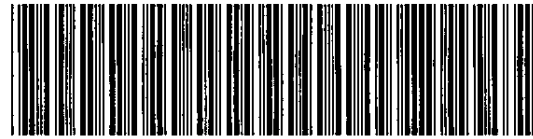
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J. Stivers

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**COVER LETTER**

**To:** Amendment Section  
Division of Corporations

**SUBJECT:** BVT CAPITAL PARTNERS XVIII, LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B01000000351

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

Please return all correspondence concerning this matter to:

FLORENCE SPELZHAUSEN

Contact Person

NATIONAL CORPORATE RESEARCH

Firm/Company

615 S. DUPONT HIGHWAY

Address

DOVER, DE 19901

City, State and Zip Code

STATREP@NATIONALCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLORENCE SPELZHAUSEN

Name of Contact Person

at ( 866 )

621-3524

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

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


Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

NATIONAL CORPORATE RESEARCH, LTD., hereby resigns as  
Name of Registered Agent

Registered Agent for BVT CAPITAL PARTNERS XVIII, LIMITED PARTNERS,  
Name of Limited Partnership or Limited Liability Limited Partnership

B01000000351  
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 by the Florida Department of State.



\_\_\_\_\_  
Signature of Registered Agent

If signing on behalf of an entity:

ANDREW LUNDGREN

\_\_\_\_\_  
Typed or Printed Name

VICE PRESIDENT

\_\_\_\_\_  
Capacity

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

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STATE OF FLORIDA  
DEPARTMENT OF STATE