

B02000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

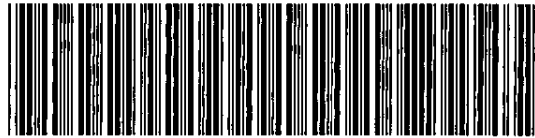
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600102196026

RA Resign
The Wis

05/14/07--01053--004 *262.50

FILED
1001 MAY 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CT
111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
212 590 9180 fax
www.ctlegalsolutions.com

May 2, 2007

RE: ADAMS, JOHNSON & MURPHY, INC. (FL.DOM.)
CONSULTING HEALTH MANAGEMENT, INC. (NV.DOM.)
SEBRING CAPITAL PARTNERS, LIMITED PARTNERSHIP (DE.DOM.)

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

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in amount of \$262.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri(lk)

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk
Enclosure

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
PARTNERSHIP**

FILED
2007 MAY 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

C T CORPORATION SYSTEM, hereby resigns as Registered
(Name of Registered Agent)

Agent for _____

SEBRING CAPITAL PARTNERS, LIMITED PARTNERSHIP (DE.DOM.) #B02000000038
(Name of Limited 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.

C T CORPORATION SYSTEM



(Signature)

THERESA ALFIERI
ASSISTANT SECRETARY

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEE: \$ 87.50

INHS16(9/98)