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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE OF TALL WHAS SEEL, FLORIDA

MAR 21 2017 S. YOUNG



4.

Resignation of Registered Agent for Limited Partnership

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

3/15/2017

STATE: REP UNIT: FLORIDA

.....

RELATED CORPORATE V SLP,

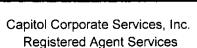
L.P.

Enclosed for filing please find a Resignation of Registered Agent for Limited Partnership for the above referenced name, which is to be filed in your office. Enclosed is check # 28399 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831
Austin, TX 78767





COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: RELATED CORPOR			
Name of Limited Partne	ership or Limited Liability Limited Partnership		
DOCUMENT NUMBER: B0300000	00340		
The enclosed Resignation of Registered	Agent and fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to:		
Rhonda Peirce			
Contact Person			
Capitol Services Registered Ag	ent Department		
Firm/Company			
PO Box 1831			
Address			
Austin, TX 78767	7		
City, State and Zip Code			
E-mail address: (to be used for future annua	Il report notification)		
For further information concerning this n	natter, please cali:		
Rhonda Peirce	at (800) 345-4647		
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:	MAILING ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314		

INHS16 (01/06)

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

Pursuant to the provisions of	f section 620.1116, Florida Statutes, the undersigned,	
Capitol C	orporate Services, Inc. , hereby resig	ņs as
Name	of Registered Agent	•
Registered Agent for Name	RELATED CORPORATE V SLP, L	,
B030000	00340	
Florida Document Numb	er, if known	
The agent is terminated of the Florida Department o	n the 31 st day after the date on which this statement is f State. Signature of Registered Agent	J. ALE
If signing on behalf of an	entity:	MIR 20
	Jason Fischer	1 1
<u>-</u>	Typed or Printed Name	PH 12: 46
	Assistant Secretary	÷ 1974
 	Capacity	

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