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## COVER LETTER

TO: Amendment Section Division of Corporation	s
	+ Fargi LUP
	nited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: $\overline{\mathcal{R}}$	50700000313
The enclosed Resignation of Re	egistered Agent and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to:
Olive Alston	Person
Fangi + Fang	inpany CLP
369 Lexing	ton Ave.
Vlew York V City, State an	TewYork 10016 d Zip Code
Oalston@ fangi E-mail address: (to be used for t	future annual report notification)
For further information concern	ning this matter, please call:
	at (964) 647-4007  Area Code and Daytime Telephone Number
Enclosed is a check made paya	ble 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,			
Emily C. Komlossy hereby resigns as Name of Registered Agent			
Registered Agent for Faruqi + Faruqi Lup  Name of Limited Partnership or Limited Liability Limited Partnership  B0700000313  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	by 		
If signing on behalf of an entity:		2813	
Typed or Printed Name		FEB 26	FILE
Capacity	OF STATE	AM 10: 44	Ö

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