B11000001136

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : ALONSO & GARCIA, P.A.
Account Number : 120020000031
Phone : (305)448-3898
Fax Number : (305)442-9073

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: beatriz@alonso-garcia.com

REGISTERED AGENT RESIGNATION
ZAMBRANO FAMILY LIMITED PARTNERSHIP

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S. WARREN
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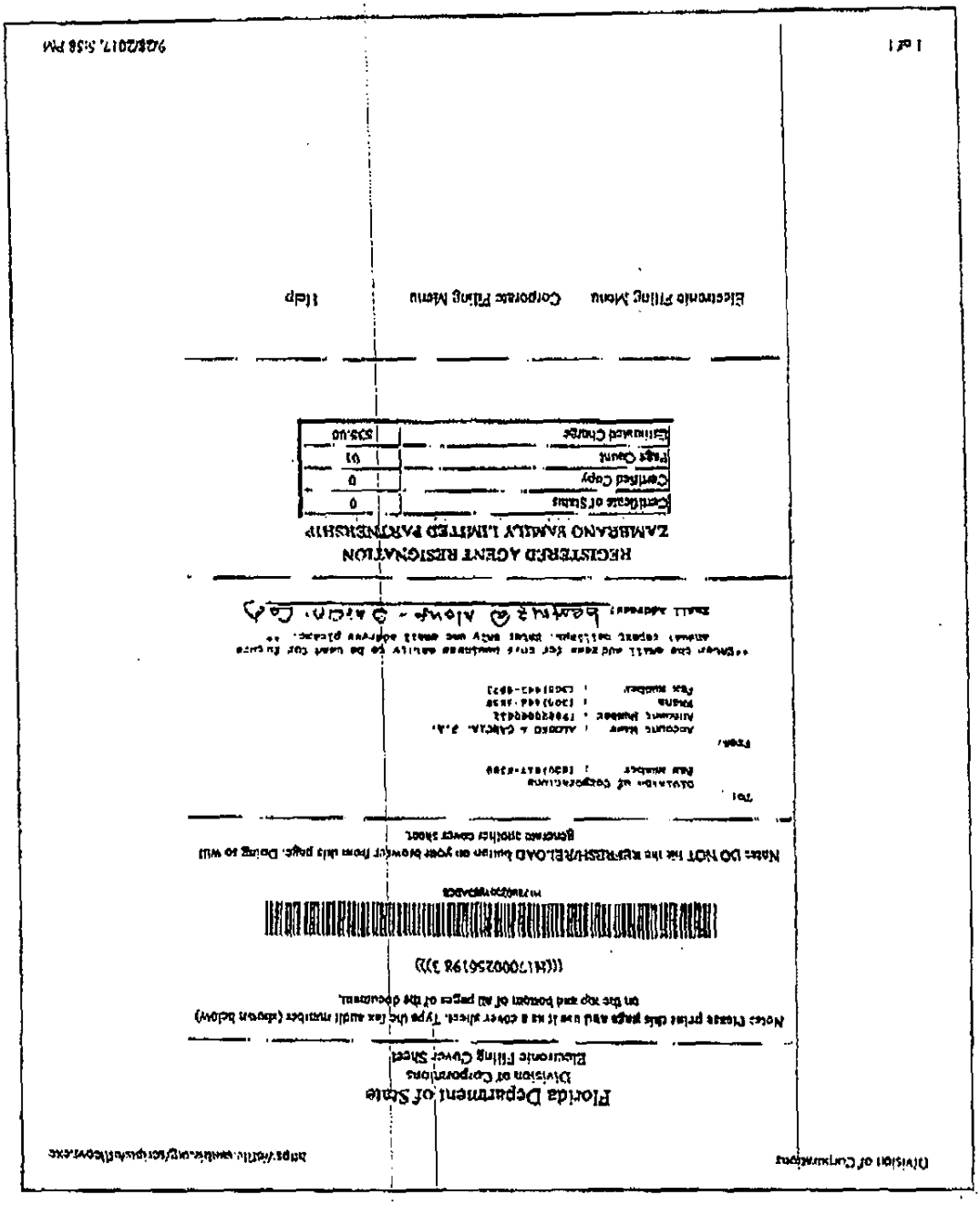
Alonso Garcia Fax Thursday, 2017-09-28 18:26 3054439073

Date	Time	Type	Job #	Length	Speed	Fax Name/Number	Pgs	Status
2017-09-28	18:26	SCAN	02374	0:15	26400	8506176380	2	OK -- V.34 AM31



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

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

ALONSO & GARCIA PA, hereby resigns as
Name of Registered Agent

Registered Agent for ZAMBRANO FAMILY LIMITED PARTNERSHIP,
Name of Limited Partnership or Limited Liability Limited Partnership

B11000000136.
Florida Document Number, if known

The agent is terminated on the 31st 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:

DOMINGO ALONSO
Typed or Printed Name

PRESIDENT AND DIRECTOR
Capacity

Filing Fee: $87.50
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