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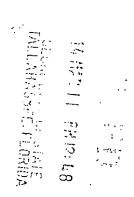
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J. SHEVERS MAR 1 2 2014

## **COVER LETTER**

Division of Corporations		
SUBJECT: FAMILY ENDOWMENT PARTNERS, LP		
Name of Limited Partne	ership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: B1100000	0147	
The enclosed Resignation of Registered A	Agent and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to:	
CHAKEYA THOMAS	<b>)</b>	
Contact Person		
PARACORP INCORPORA	ATED	
Firm/Company		
PO BOX 160568		
Address		
	040	
SACRAMENTO, CA 956 City, State and Zip Code	B10	
E-mail address: (to be used for future annua	l report notification)	
	·	
For further information concerning this n	natter, please call:	
PARACORP INCORPORATED	at ( <u>800</u> ) <u>533-7272</u>	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a check made payable to the	Florida Department of State for:	
<b>✓</b> \$87.50 Filing Fee	(\$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 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	

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

Pursuant to the provision	s of section 620.1116, Florida Statutes, t	he undersigned,
PARA	CORP INCORPORATED	, hereby resigns as
Na	me of Registered Agent	
Registered Agent for	FAMILY ENDOWMENT PAR	RTNERS, LP
<u> </u>	Name of Limited Partnership or Limited Liab	ility Limited Partnership
B110000	000147	
Florida Document Nu		
the Florida Department	Sharan Course	
<del></del> -	Signature of Registered Agent	
If signing on behalf of	an entity:	
	SHARON COOKE	
	Typed or Printed Name	
	ASST SECRETARY	
	Capacity	<del></del>

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