

B142000051
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC
 Account Number : I2012000C007
 Phone : (702) 366-2500
 Fax Number : (702) 366-2689

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

Email Address: WENDY.HSELY@INCORP.COM

**REGISTERED AGENT RESIGNATION
 SAX-BST, LLP**

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAX-BST, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B14000000051

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Wendy Hefley
Contact Person

Incorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy, Ste 500S
Address

Las Vegas, NV 89169
City, State and Zip Code

documents@incorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Hefley at (702) 866-2500 ext 6904
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:
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**

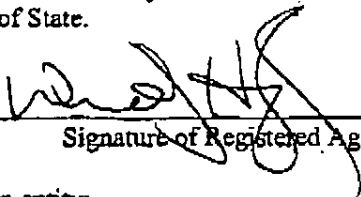
Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Incorp Services, Inc. hereby resigns as
Name of Registered Agent

Registered Agent for SAX-BST, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

B14000000051
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:

Wendy Hefley
Typed or Printed Name
Authorized Representative on behalf of Incorp Services, Inc.
Capacity

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

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