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## **COVER LETTER**

TO:

INHS16 (01/06)

Amendment Section **Division of Corporations** SUBJECT: Bacon Family Partners L.P. (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: B9600000023 The enclosed Resignation of Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: William G. Morris (Contact Person) Law Offices of William G. Morris (Firm/Company) 247 North Collier Blvd., Suite 202 Marco Island, FL 34146 (City, State and Zip Code) For further information concerning this matter, please call: at (239) 642-6020

(Area Code and Daytime Telephone Number) William G. Morris (Name of Contact Person) 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) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P. O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersign	ned,	
William G. Morris, Esq, he	ereby resigns as	
(Name of Registered Agent)		
Registered Agent for Bacon Family Partners L.P. Lin (Name of Limited Partnership or Limited Liability Lim	nted Partners)	~if
B9600000023		
(Florida Document Number, if known)		
The agent is terminated on the 31 <sup>st</sup> day after the date on which this state the Florida Department of State.  Signature of Registered Agent  If signing on behalf of an entity:	rement is filed by	
Typed or Printed Name	SECRETARIAS	_
Capacity	ED  SEE, PLORIDA	

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