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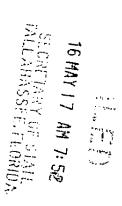
	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
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## **COVER LETTER**

Division of Corporations	
SUBJECT: SJS - 2401 E. Atl	lantic Blvd, Limited Partnership hip or Limited Liability Limited Partnership
DOCUMENT NUMBER: B98000000	•
The enclosed Resignation of Registered Ag	
	· · · · · ·
Please return all correspondence concerning	g this matter to:
Bonnie Yerry	
Contact Person	
Corporation Service Compa	any
Firm/Company	
80 State Street	
Address	
Albany, NY 12207	<u> </u>
City, State and Zip Code	
byerry@cscglobal.com E-mail address: (to be used for future annual re	, , , , , , , , , , , , , , , , , , ,
	•
For further information concerning this mat	
Bonnie Yerry Name of Contact Person	at ( <u>800</u> ) <u>927-8901 63002</u> Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Flo	orida 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 Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee FL 32301	a manuscript a Li Wart I I

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

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,
Corporation Service Company , hereby resigns as
Name of Registered Agent
Registered Agent for SJS - 2401 E. Atlantic Blvd. Limited Partnership  Name of Limited Partnership or Limited Liability Limited Partnership  B9800000332  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 by the Florida Department of State.
Signature of Registered Agent
If signing on behalf of an entity:
Bonnie Yerry
Typed or Printed Name
Asst. Secretary
Capacity
Filing Fee: \$87.50 Certified Copy (optional): \$52.50