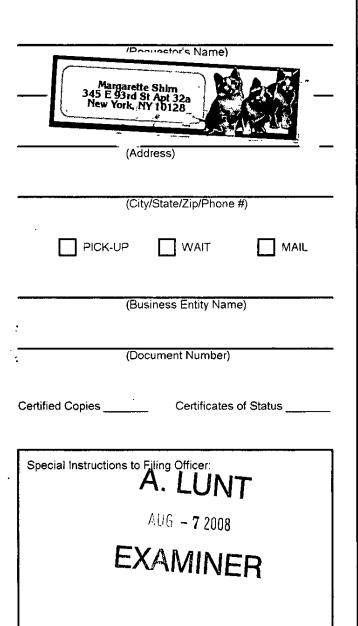
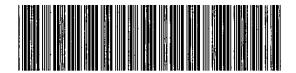
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Office Use Only



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08/06/08--01004--001 **25.00

TILED

2008 AUG -6 P 1: 24

SECRETARY OF STATE
ALLAHASSEE, FINALE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions				e undersigned,	
Margai	Name of Registered Ag	in	, here	by resigns as	
\bigcup (
Registered Agent for	SBPar	tners, L	LC		······································
	(Name of Li	mited Liability Com	pany)		
L6400 (Document Number	0046932 , if known)				
A copy of this resignation	was mailed to the a	above listed limit	ed liability compa	any at its last known add	dress.
The agency is terminated	and the office disco	ntinued on the 3	1st day after the d	ate on which this staten	nent is filed.
_	Marc	auth	<u> .</u>		
If signing on behalf of an	((Signature of Resig	gning Agent)	2008 AUG -6 TALLAHASSEE	
-	(Typed or Printed Na	me)	JG -6 JARY O ASSEE.	
		(Capacity)		P 1: 24 F STATE FLORIDA	G
	FILING \$ 85.00 \$ 25.00	Active limited Administrativ	l liability compan ely dissolved/ vo nited liability cor	y luntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314