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(Requestor's Name) (Address) (Address)	900184072149
(City/State/Zip/Phone #)	08/17/1001021005 ** 87.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
	FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA
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COVER LETTER

COVER DETTER
TO: Amendment Section Division of Corporations
SUBJECT: Trinited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Tony Esposito
Firm/Company
3036 Lake Vista Dr. Address
Cleanuester, FL 33759 City, State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Parts Area Code and Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for:
\$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS:MAILING ADDRESS:Amendment SectionAmendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

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

_ Tony Esi	Jasito	, he	reby resigns as
Name of Reg	istered Agent		
Registered Agent for Trin	********	tive Gra	$\mu \rho$,
Name of Li	mited Hartnership or Lim	ited Liability Limited	Partnership
L090001059	88		
Florida Document Number, if kr	lown		

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 Register ed Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED

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

Please notity me when this is complete and my name is off the website for Sunbiz.