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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 817 Partners LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L12000149209

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Galvan

Name of Person

817 Partners LLC

Name of Firm/Company

5201 SW 91st Dr Ste A

Address

Gainesville FL 32608

City/State and Zip Code

amy.galvan@agaom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Galvan

Name of Person

at (**352**) **327-3561**

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

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