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SECRETARY OF STATE

J. HARRISIS

COVER LETTER

TO: Registration Section Division of Corporations

SRE Partners II, LLC

Name of Limited Liability Company

L13000102889 **DOCUMENT NUMBER:**

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:

Bonnie Yerry

Name of Person

Corporation Service Company

Name of Firm/Company

80 State Street

Albany NY 12207

City/State and Zip Code

byerry@cscinfo.com

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

For further information concerning this matter, please call:

Bonnie Yerry

at (800) 927-9801 ext. 63002 Area Code Daytime Telephone Number

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INHS17 (12/13)

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 605.0115,	, Florida Statutes, th	e undersigned,			
CORPORATION	N SERVICE C	OMPANY	, hereby resigns	as		
1	Name of Registered Agent		,,			
Registered Agent for SF	RE Partners II	, LLC				
	Name of Limit	ed Liability Company				,
L1300010288	9					
Document Num	ber, if known					
A copy of this resignation	was mailed to the ab	oove listed limited li	ability company at its la	ast known ad	dress.	
The agency is terminated If signing on behalf of an	Corporal	tinued on the 31st dition Service Con	npany M	ich this stater	nent is	filed.
	Bonnie Yerry			Ħ		
- -	Tyr Asst. Secretary	ped or Printed Name Capacity		SECRETA ALLAHA:	16 JUN 2	p q
	FILING F \$ 85.00 \$ 25.00	FEES: Active limited liab	lissolved/ voluntarily d	SSTF. FLORUED	PH 3: 23	

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