150000 96283

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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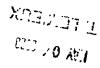
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ten04partners, LLC			
Name of Limit	ed Liability (Company	
DOCUMENT NUMBER: L15000096283			
The enclosed Resignation of Registered Agent for filing.	r a Limited	Liability Company and fee are submitted	
Please return all correspondence concerning this	matter to the	e following:	
United States Corporation Agents, Inc.			
Name of Person			
Legalzoom.com, Inc.			
Name of Firm/Company	<u> </u>		
101 North Brand Blvd. 11th Floor			
Address			
Glendale, CA 91203			
City/State and Zip Code	<u> </u>		
raresignations@legalzoom.com			
E-mail address: (to be used for future annual report n	otification)		
For further information concerning this matter, p	lease call:		
Janna Pantoja	800	773-0888 x3950	
Name of Person	Area Code) Daytime Telephone Number	
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrative liability company.	Department ely dissolved	of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREE	ET ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Statutes.	the undersigned.
United States Corp	oration Agents, Inc.	, hereby resigns as
	Name of Registered Agent	
Registered Agent for te	en04partners, LLC	
	Name of Limited Liability Company	y
L15000096283		
Document N	umber, if known	
		I liability company at its last known address. I day after the date on which this datement is filed
If signing on behalf of	-	
	Typed or Printed Name	\tilde{\tiilee{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde
	Asst. Secretary for United States Corpo	bration Agents, Inc.
	Capacity	

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

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company