

F12000003731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

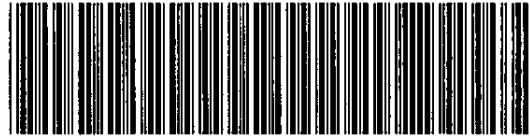
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258809819

04/14/14--01054--017 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 14 PM 1:37

APPROVED
AND
FILED

C. LEWIS

APR 22 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LINCOLN TRUST COMPANY
(Name of Corporation)

DOCUMENT NUMBER: F12000003731

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRICE WILLIAMS
(Name of Person)

LINCOLN TRUST COMPANY
(Name of Firm/Company)

PO BOX 5508
(Address)

DENVER CO 80217
(City/State and Zip Code)

For further information concerning this matter, please call:

BRICE WILLIAMS at (303) 658-3734
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

APPROVED
AND
FILED

14 APR 14 PM 1:37

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DEYAN STOJANOVICH

(Name of Registered Agent)

hereby resigns as Registered Agent for LINCOLN TRUST COMPANY

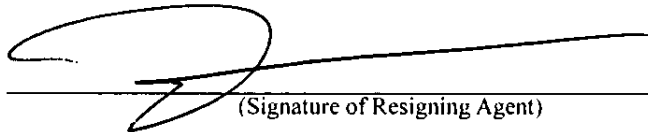
(Name of Corporation)

F 12000003731

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Dejan Stojanovic

(Typed or Printed Name)

AGENT

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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