M05000002902

(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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111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.cttegalsolutions.com

March 9, 2011

RE: AMC DELANCY HUDSON CAPITAL I, LLC. (DE. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount 85.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida Stat	utes, the undersigned,
C T CORPORATION SYSTEM , hereby resigns as		
	(Name of Registered Agent)	
Registered Agent for	AMC DELANCEY HUDSON CAPITAL I, LLC	C (DE. DOM.)
	(Name of Limited Liability Company)	
M05000	002902	
(Document Nu	mber, if known)	
-	tion was mailed to the above listed limited liability ted and the office discontinued on the 31st day after	
If signing on behalf of	(Signature of Resigning Agent) an entity:	RIL MA 9:
	C T CORPORATION SYSTEM - Theresa A	lfieri 题 2
	(Typed or Printed Name) ASSISTANT SECRETARY	
	(Capacity)	

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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