

699229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

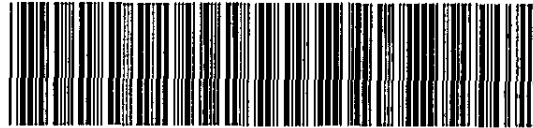
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
OF ARIZONA
TAMARA S. HARRIS

699229
RABs
6-18-04

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

June 16, 2004

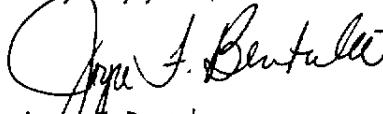
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Registered Agent

Gentlemen:

Please find enclosed a resignation of registered agent form for Clevetrust Realty Investors.
Also enclosed is Carlton Fields' Check No. 343465 in the amount of \$87.50 for the filing fee.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

JFB/mlb
Enclosures

RESIGNATION OF REGISTERED AGENT

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

(Name of registered agent)

hereby resigns as Registered Agent for Clevetrust Realty Investors
(Name of corporation)

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:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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