

AD6000001191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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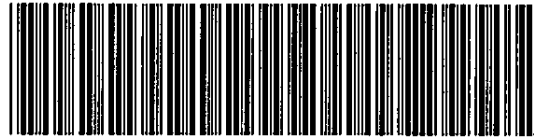
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Secured Capital Trust, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A06000001191

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ashley Hersutamto

(Contact Person)

Law Offices of Michael Lapat

(Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City, State and Zip Code)

For further information concerning this matter, please call:

Ashley Hersutamto

(Name of Contact Person)

at (954) 345-6442

(Area Code and Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☒ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:

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

MAILING ADDRESS:

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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

Michael Lapat, hereby resigns as
(Name of Registered Agent)

Registered Agent for Secured Capital Trust, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership)

A06000001191
(Florida Document Number, if known)

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

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TALLAHASSEE, FLORIDA

Filing Fee: \$87.50
Certified Copy (optional): \$52.50