A15000000559

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(Address)						
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PICK-UP WAIT MAIL						
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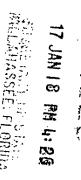
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10:	Division of Corpora						
SUBJ	ЕСТ:	MND PR					
	Name o	of Limited Partnershi	p or Lin	nited Liabili	ty Limited	d Partnership	
DOC	UMENT NUMBER:	A150000005	559				
The en	nclosed Resignation o	of Registered Age	ent and	fee(s) are	submitt	ed for filing.	
Please	e return all correspond	lence concerning	this m	atter to:			
		ily Smith					
	Con	tact Person					
	Paracorp	Incorporated					
	. Firm	/Company					
	РО В	ox 160568					
		Address					
	Sacrame	nto, CA 95816			•		
	City, Sta	te and Zip Code					
4							
Е	-mail address: (to be used	for future annual re	port noti	fication)			
For fu	irther information cor	cerning this matt	er, plea	ase call:			
	Sharon Co	oke	_ at (800_)		533-7272	
N	lame of Contact Person		Aı	rea Code and	d Daytime	e Telephone Numl	ber
Enclo	sed is a check made p	ayable to the Flo	rida De	epartment	of State	for:	
X (\$87	7.50 Filing Fee	\$140.00 (\$8	7.50 Fil	ing Fee and	\$52.50 C	ertified Copy Fee)
Amen Divisi Clifto 2661	EET ADDRESS: Idment Section Ion of Corporations In Building Executive Center Circuits Sec. FL 32301	cle		MAILIN Amendn Division P. O. Bo Tallahas	nent Sec of Corp ox 6327	ction porations	

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

Pursuant to the provis	sions of section 620.1116, Florida Statutes, the unde	ersigned,
	Paracorp Incorporated	_, hereby resigns as
	Name of Registered Agent	-
Registered Agent for	MND PROPERTIES FL, LLLE	·
	Name of Limited Partnership or Limited Liability Lir	nited Partnership
A150	00000559	
• • • • • • • • • • • • • • • • • • • •	t Number, if known	
the Florida Departn	Shanondone	
	Signature of Registered Agent	
If signing on behalf		17 JAN 18
	Sharon Cooke	
-	Typed or Printed Name	
	Assistant Secretary, Paracorp Incorporate	
-	Capacity	

Filing Fee:

Certified Copy (optional): \$52.50