(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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J. SAULSBERRY **EXAMINER** 

MAY 17 2012



CT Corporation

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

May 10, 2012

RE: MUNICIPAL ASSET SYSTEMS CORPORATION, LTD. NATIONAL TAX FUNDING (PENNSYLVANIA), LTD.

(FL. DOM.)

(FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of 175.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure SECRETARY OF STATE TALLAHASSEE FRORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

rsuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,	
T CORPORATION SYSTEM , hereby resigns as Registered (Name of Registered Agent)	
ent for MUNICIPAL ASSET SYSTEMS CORPORATION, LTD. (FL. DOM.)	
(A9600000947) (Name of Limited Partnership)	
(Name of Limited Partnership)	
copy of this resignation was mailed to the above listed partnership at its last known address.	
e agency is terminated and the office discontinued on the 31st day after the date on which this statement iled.	
C T CORPORATION SYSTEM	
(Signature) THERESA ALFIERI ASSISTANT SECRETARY	<u> </u>
FERNIC	ロフ

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

**FILING FEE: \$87.50** 

INHS16(9/98)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to	o the provisions of section 620.1051(2), Florida	Statutes, the undersigned,
C T COR	PORATION SYSTEM	, hereby resigns as Registered
	(Name of Registered Agent)	
Agent for_	MUNICIPAL ASSET SYSTEMS CORPOR	ATION, LTD. (FL. DOM.)
	(**************************************	
	(A96000000947) (Name of Limited F	
	this resignation was mailed to the above listed previously is terminated and the office discontinued on the	partnership at its last known address.  the 31st day after the date on which this statement
	C T CORPORATIO	N SYSTEM
	(Signature	<u> </u>
•	THERES	
	A SCISTANT SEA	CDETADV

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

**FILING FEE: \$87.50** 

INHS16(9/98)