A9800001625

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS

MAR 2 0 2012

EXAMINER

CT Corporation

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

March 12, 2012

RE: CAPITAL ASSET CONNECTICUT LTD. (FL.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 $\underline{1}$ check in the amount of $\underline{\$ 87.50}$ 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 March 12, 2012

RE: CAPITAL ASSET CONNECTICUT LTD. (FL.DOM)

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

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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 PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,				
C T CORPORATION SYSTEM (Name of Registered Agent)	, hereby resigns as Registered			
Agent for CAPITAL ASSET CONNECTICUT LTD.	A98000001625	(FL.DOM)		
(Name of Limited P	artnership)			
A copy of this resignation was mailed to the above listed p	artnership at its last know	n address.		
The agency is terminated and the office discontinued on this filed.	ne 31st day after the date	on which this statement		
C T CORPORATIO	N SYSTEM			

(Signature)
THERESA ALFIERI
ASSISTANT SECRETARY

12 HAR . 19 AM IO: . L2
SECRETARY OF STATE

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)