

B070000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

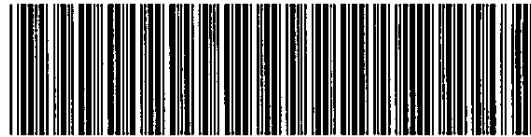
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100258418741

100258418741
03/31/14--01057--011 **507.50

FILED

2014 MAR 31 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2013
T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMC DELANCEY STONINGTON PROPERTIES, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B07000000038

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

Please return all correspondence concerning this matter to:

TIFFANY ROTH
Contact Person

NATIONAL CORPORATE RESEARCH
Firm/Company

615 S. DUPONT HIGHWAY
Address

DOVER, DE 19901
City, State and Zip Code

STATREP@NATIONALCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY ROTH at (866) 621-3524
Name of Contact Person 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,

NATIONAL CORPORATE RESEARCH, LTD.

, hereby resigns as

Name of Registered Agent

Registered Agent for AMC DELANCEY STONINGTON PROPERTIES, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

B07000000038

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.

A. Lundgren

Signature of Registered Agent

If signing on behalf of an entity:

ANDREW LUNDGREN

Typed or Printed Name

VICE PRESIDENT

Capacity

Filing Fee: \$87.50

Certified Copy (optional): \$52.50

FILED
2014 MAR 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA