

B940000000254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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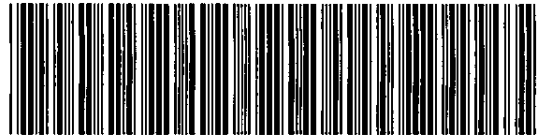
(Business Entity Name)

(Document Number)

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Resignation  
to RA

09/29/08--01048--002 \*\*87.50

FILED  
2008 SEP 29 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OK  
10/6/08



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September 23, 2008

RE: PMI LP II LTD. (IN. 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 checks in the amount of \$87.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

**FILED**

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
PARTNERSHIP**

2001 SEP 29 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as Registered  
(Name of Registered Agent)

Agent for PMI LP II LTD. (IN. DOM.) (B94000000254)

\_\_\_\_\_  
(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C T CORPORATION SYSTEM

  
(Signature)  
THERESA ALFIERI  
ASSISTANT SECRETARY

**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)