B9900000475

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
, , , , , ,			
PICK-UP WAIT MAIL			
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(During Full All			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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G. MCLEOD

APR 22 2010

EXAMINER



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SECRETARY OF A PARAMETER OF CONTRACT AND CON



212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 14, 2010

RE: NCRAS MANAGEMENT, LIMITED PARTNERSHIP. (DE. DOM.) SRAC MANAGEMENT, LIMITED PARTNERSHIP. (DE. 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 <u>1</u> check in the amount <u>175.00</u>, 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 April 14, 2010

RE: NCRAS MANAGEMENT, LIMITED PARTNERSHIP. (DE. DOM.) SRAC MANAGEMENT, LIMITED PARTNERSHIP. (DE. DOM.)

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

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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 NCRAS MANAGEMENT, LIMITED PARTNERSHIP.	B9900000475	(DE. DOM.)	
		,	
(Name of Limited Partnership)			
A copy of this resignation was mailed to the above listed partnership	at its last known add	lress.	
The agency is terminated and the office discontinued on the 31st da is filed.	y after the date on w	rhich this statement	
C T CORPORATION SYSTE	žM		
(Signature) THERESA ALPIERI ASSISTANT SECRETAR	· · · · · · · · · · · · · · · · · · ·	ĐIVISI 101	

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)