

B99 000000475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

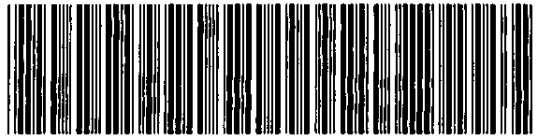
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 21 AM 10:48



111 Eighth Avenue
New York, NY 10011

212 894 8940 tel
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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 1 check in the amount 175.00. 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

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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, hereby resigns as Registered
(Name of Registered Agent)

Agent for NCRAS MANAGEMENT, LIMITED PARTNERSHIP. B99000000475 (DE. DOM.)

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 21 AM 10:48

**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)