

D070000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 JUN 22 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Withdrawal  
(Dec. of Trust)*

JUN 29 2016  
D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Community Properties Trust  
(Name of Corporation)

**DOCUMENT NUMBER:** D0700000022

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dorene G Varbero  
(Name of Person)

American Community Properties Trust  
(Firm/Company)

10400 O'Donnell Pl., Suite 200  
(Address)

St. Charles, MD 20603  
(City/State and Zip code)

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For further information concerning this matter, please call:

Dorene G Varbero at ( 301 ) 843-8600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

**DECLARATION OF TRUST  
APPLICATION BY FOREIGN FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

American Community Properties Trust  
\_\_\_\_\_  
(Name of Declaration of Trust)

D07000000022  
\_\_\_\_\_  
(Document Number of Declaration of Trust)

MD  
\_\_\_\_\_  
(Incorporated Under Laws of)

**Declaration of Trust**

This \_\_\_\_\_ no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

**Declaration of Trust**

This \_\_\_\_\_ revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

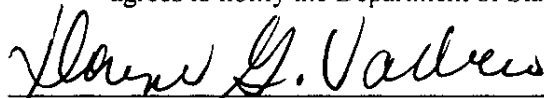
The following is a current mailing address for the Declaration of Trust

10400 O'Donnell Pl., Suite 200  
\_\_\_\_\_  
(Mailing Address)

St. Charles, MD 20603  
\_\_\_\_\_  
(City/ State /Zip)

**Declaration of Trust**

The \_\_\_\_\_ agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

6/16/16  
\_\_\_\_\_  
(Date)

Dorene G. Varbero  
\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

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TALLAHASSEE, FLORIDA