

D070000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

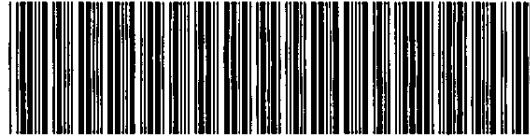
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Withdrawal
(Dec. of Court)*

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

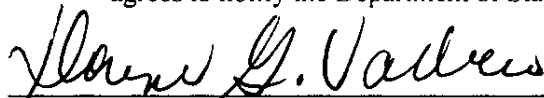
(Mailing Address)

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