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COVER LETTER

TO: Amendment Section Division of Corporations

PASSCO PROMENADE CROSSING DST

(Name of Corporation)

D09000000017 DOCUMENT NUMBER:

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN MOLT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

80 STATE STREET

(Address)

ALBANY NY 12207

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN MOLT

at (518) (Area Code & Daytime Telephone Number)

(Name of Person)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A DECLARATION OF TRUST

Pursuant to the provisions of section 609
Florida Statutes, the undersigned. CORPORATION SERVICE COMPANY
(Name of Registered Agent)
hereby resigns as Registered Agent for PASSCO PROMENADE CROSSING DST
(Name of Declaration of Trust)
D0900000017
(Document Number, if known)
A copy of this resignation was mailed to the above listed OFTRUST 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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
ROBIN MOLT SCI TO
(Typed or Printed Name)
ASST SECRETARY (Capacity)
(Capacity)

Fee for filing this document:

\$87.50 - Active Declaration of Trust

\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawal

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314