LD4000175188

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SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AHF PARK TRACE, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000075188
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhonda Maybin (Name of Person)
Capitol Corporate Services, Inc. (Name of Firm/Company) P.O. Box 1831
P.O. Box 1831 28
(Address)
Austin, TX 78767
(City/State and Zip Code)
For further information concerning this matter, please call:
Rhonda Maybin at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 608.416(2) or 608.309, Flori	aa Statutes, the undersigned,	
CAPITOL CORPO	ORATE SERVICES, INC.	, hereby resigns as	
	(Name of Registered Agent)	<u></u>	
Registered Agent for _	AHF PARK TRACE, LLC	<u> </u>	
	(Name of Limited Liability Company)	·
L04000075188			
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the above listed limited l	ability company at its last known	address.
The agency is terminat	ed and the office discontinued on the 31st d	ay after the date on which this sta	tement is filed.
	(Signature of Resigning Agent	<u>7</u>	91 2
If signing on behalf of an entity:			SECRETARY NUSCON OF
	Cheryl Roberts		PR ≃
	(Typed or Printed Name)	<u> </u>	82 × E
	President	· · · · · · · · · · · · · · · · · · ·	
	(Capacity)		SIAIL AFFORM

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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