L05000/2/806

	(Requestor's	Name)	- · · · -
	(Address)		
	(Address)	<u> </u>	
	(City/State/Z	ip/Phone #	<i>‡</i>)
PICK-UF	· 🗆 v	/AIT	MAIL
	(Business E	ntity Name	·)
	(Document N	lumber)	
Certified Copies	Ce	rtificates o	of Status
Special Instructions	to Filing Off	icer:	
	A. L	UNI	Γ
		A 2000	

EXAMINE 3

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 1990 NORTH MILITARY TO (Name of Limited	RAIL EC	QUITIES LLC		
DOCUMENT NUMBER: L05000121806	Liuomiy	company)		
The enclosed Resignation of Registered Agent for for filing.	a Limited	Liability Compan	y and fee are si	ubmitted
Please return all correspondence concerning this ma	atter to th	e following:		
Tami Gerardi (Name of Person)	·			
(Name of Ferson)				
National Corporate Research, Ltd.		•		-
(Name of Firm/Company)			260 ALL ALL	
615 South DuPont Highway			2008 APR SECRETA LLAHAS	711
(Address)			IAF	
Dover, DE 19901			ΕΕ, Υ ₀	FILE
(City/State and Zip Code)			F ST	
For further information concerning this matter, plea	ase call:		2: 53 TATE ORIDA	
Wayne Rafanelli at (3	302)	734-1450		
(Name of Person)	Area Code	734-1450 & Daytime Telepho	one Number)	
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively limited liability company.				limited awn
MAILING ADDRESS:	STREE	T ADDRESS:		
Amendment Section	Amendment Section			
Division of Corporations		ivision of Corporations lifton Building		
P.O. Box 6327 Tallahassee, FL 32314		Building secutive Center Cir	rcle	
Tananassee, 1 D 32314		ssee, FL 32301	ioio	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the under	ersigned,	
National Corporate Research, Ltd., Inc.	igns as	
(Name of Registered Agent)	·S·15 ·	
Registered Agent for 1990 NORTH MILITARY TRAIL EQUITIE	SLLC	
(Name of Limited Liability Company)		,
L05000121806		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed limited liability company at	its last known addr	ess.
The agency is terminated and the office discontinued on the 31st day after the date on	which this stateme	nt is filed.
Wayne Refauelli (Signature of Resigning Agent)	2009 APR SECRETA	
(Signature of Resigning Agent)	PR :	
If signing on behalf of an entity:	28 ARY - SSEE	
Wayne Rafanelli	7. F. S. F.	(
(Typed or Printed Name)	2: 5: F STATE FLORID	
Vice President	DE 53	
(Capacity)		

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