L06000095959

(Re	questor's Name)	
. (Ad	dress)	<u>-</u> .
· (Ad	dress)	
. (Cit	y/State/Zip/Phon	e #)
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RA Resign

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FILED
2007 MAY 16 PH 12: 02
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

SUBJECT: Capital Trust Management LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L06000095959 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: Gwen Larrett (Name of Person) StraitRay Corporation (Name of Firm/Company) 124 Calle De Leon (Address) St. Augustine, FL 32086 (City/State and Zip Code) For further information concerning this matter, please call: at (904) 797-8779
(Area Code & Daytime Telephone Number) **Gwen Larrett** (Name of Person) 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn

MAILING ADDRESS:

limited liability company.

Amendment Section

Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

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

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

Pursuant to the provisions	s of section 608.416(2) or 608.509, Florida S	tatutes, the undersigned,
StraitRay Corpo	ration	tatutes, the undersigned,, hereby resigns as
	Name of Registered Agent)	
Registered Agent for Ca	apital Trust Management LLC	155 P. C
	(Name of Limited Liability Company)	No. S. S.
	(wante of Elimited Elability Company)	A TOP TO THE PARTY OF THE PARTY
L06000095959		
(Document Number	; if known)	
A copy of this resignation	was mailed to the above listed limited liabil	ity company at its last known address.
The agency is terminated	and the office discontinued on the 31st day a	fler the date on which this statement is filed.
	(Signature of Resigning Age	ent)
If signing on behalf of an	entity:	
-		<u></u>
	(Typed or Printed Name)	
-	(Canacity)	

FILING FEES:

\$ 85.00 \$ 25.00

Active limited liability company
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withdrawn limited liability company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