

L06000099349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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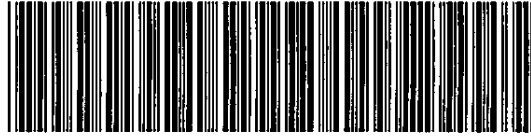
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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30-Cert
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RA Res.
SP

LAW OFFICES
Reichstein and Lapat
an association of individual attorneys

3300 University Drive
Suite 311
Coral Springs, Florida 33065
(954) 345-6442
(954) 344-0288 (Fax)

Michael Lapat
admitted to Practice in:
Florida, Illinois & New York
mlapat@nyshar.com

221 North La Salle Street
Suite 1137
Chicago, Illinois 60601
(312) 425-2900
(312) 425-2901(Fax)

Please Reply to Florida Office

July 17, 2007

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

**RE: Resignation of Registered Agent
Secured Capital Trust Management, LLC
Secured Capital Trust, Ltd.**

Dear Sir or Madam:

Please find enclosed, in original duplicate, Resignations of Registered Agent for the above-referenced entities. A check representing the requisite filing and certified copy fees is enclosed.

Please process accordingly and return the requested copies and certifications using the enclosed self-addressed stamped envelope.

Should you have any questions, please contact the undersigned.

Regards,

Ashley Hersutanto

ajh
enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Secured Capital Trust Management, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L06000099349

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:

Ashley Hersutamto

(Name of Person)

Law Offices of Michael Lapat

(Name of Firm/Company)

3300 University Drive, Suite 311

(Address)

Coral Springs, FL 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Ashley Hersutamto

(Name of Person)

at (954) 345-6442

(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:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael Lapat

(Name of Registered Agent)

, hereby resigns as

Registered Agent for **Secured Capital Trust Management, LLC**

(Name of Limited Liability Company)

L06000099349

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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:

(Typed or Printed Name)

(Capacity)

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07 JUL 18 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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