

L06000116226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

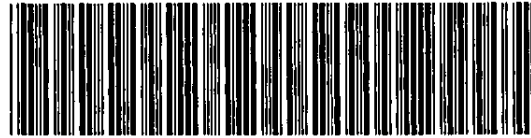
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200243435092

01/11/13--01010--001 **85.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 11 AM 11:22

JAN 14 2013
T. HAMPTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACT PARK CENTER PROPERTY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000116226

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:

G. STEVEN BROWN

Name of Person

HENDRY, STONER & BROWN, P.A.

Name of Firm/Company

20 NORTH ORANGE AVENUE, SUITE 600

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

SBROWN@LAWFORFLORIDA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. STEVEN BROWN at (407) 843-5880

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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,

HENDRY, STONER & BROWN, P.A., hereby resigns as

Name of Registered Agent

Registered Agent for **ACT PARK CENTER PROPERTY, LLC**

Name of Limited Liability Company

L06000116226

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:

ROBERT R. HENDRY

Typed or Printed Name

PRESIDENT

Capacity

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 11 AM 11:22

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