L20000033265

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Energ Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations						
Canyon Park Apartments	LLC					
Name	of Limi	ted Liability	Company			
DOCUMENT NUMBER: L200000332	265					
The enclosed Resignation of Registered A for filing.	Agent fo	or a Limited	Liability Company a	nd fee are su	ıbmitt	ed
Please return all correspondence concern	ing this	matter to th	e following:			
MARGARET MUSZELIK						
Name of Person						
TRAC - THE REGISTERED AGENT	COMF	PANY				
Name of Firm/Company	,					
3401 Manor Hill Road						
Address				f f 2	20:	
Pikesville, MD 21208				30 	23 F E	insand
City/State and Zip Code					ω I	er i sasa
				م بات هند ومن الداء ازار	7 P	· •
E-mail address: (to be used for future annua	al report r	notification)		11 14 15 15 15 15 15 15 15 15 15 15 15 15 15	PK 12: 2	
For further information concerning this n	natter, p	lease call:			27	
MARGARET MUSZELIK	ati	410	752-8030			
Name of Person	at +	Area Code	Daytime Telephone N	Number		
Enclosed is a check made payable to the liability company or \$25.00 for an admin liability company.	Florida istrativ	Department ely dissolved	t of State for \$85.00 f d, voluntarily dissolve	or an active ed or withdr	limite awn li	d mited
MAILING ADDRESS:		STREE	ET ADDRESS:			
Registration Section	Registra					
Division of Corporations P.O. Box 6327			n of Corporations Building			
			xecutive Center Circl	e		

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the ur	ndersigned,	
TRAC - THE REGISTERED AGENT COMPANY	, hereby resigns as	
Name of Registered Agent		
Registered Agent for Canyon Park Apartments LLC		_
Name of Limited Liability Company		_ .
L20000033265		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liabil	lity company at its last known address	•
The agency is terminated and the office discontinued on the 31st day a	after the date on which this statement	is filed.
Signature of Resigning Age	ent (7)	7073 FFR
If signing on behalf of an entity:		Z []
MARGARET MUSZELIK	: (2,00 m) : (2,0) : (2,0)	1 1
Typed or Printed Name		M g
<u>VP</u>		5 U
Capacity		DE STORY

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively 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