## L53920

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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C MCNVIES

CT

111 Eighth Avenue New York, NY 10011

212.894.8940 tel 212.590.9180 fax www.ctcorporation.com

August 31, 2015

RE: AUROA PROPERTIES, INC. (FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is \_\_1\_\_\_ check in the amount of \_\$35.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
<u> </u>	(Name of Registered Agent)	
hereby resigns as Registered Agent for	AURORA PROPERTIES INC. (FL. DOM.) (Name of Corporation)	,
L53920		
(Document Number, if known)	<u> </u>	
A copy of this resignation was mailed t	to the above listed corporation at its last known	ı address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on	which
(Si	ignature of Resigning Agent)	
If signing on behalf of an entity:		
	TION SYSTEM - THERESA ALFIERI	15 SF
	(Typed or Printed Name)	10
AS	SSISTANT SECRETARY	
	(Capacity)	1:51

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314