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TALLAHASSEE, FLORIDA

PARES PAINOG

COVER LETTER

SUBJECT: TIC ALTAMONTE SHS 25, LLC Name of Limited Liability Company		
DOCUMENT NUMBER: M0700000125		
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:		
Mary E. Fink Name of Person		
National Corporate Research, LTD, Inc. Name of Firm/Company		
615 S. Dupont Highway Address		
Dover, DE 19901		

Mary E. Fink at (800) 483-1140

City/State and Zip Code

For further information concerning this matter, please call:

mfink@nationalcorp.com
E-mail address: (to be used for future annual report notification)

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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 provisi	ons of section 608.416(2) or 608.509, Florida Statutes, the undersigned	ı
National	Corporate Research, LTD, Inc. , hereby resigns as Name of Registered Agent	
Registered Agent for _	TIC ALTAMONTE SHS 25, LLC	
	Name of Limited Liability Company	
-	0000125 Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liability company at its last k	nown address.
The agency is terminat	sed and the office discontinued on the 31st day after the date on which the second sec	nis statement is filed.
If signing on behalf of	an entity:	TAI
	Wayne Rafanelli Typed or Printed Name V. P., National Corporate Research, LTD., Inc. Capacity	SECRETARY OF STATE ALLAHASSEE. FLORID OP NOV 23 PH 3: 21

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company \$ 85.00 \$ 25.00

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