M1714402587

	(Requestor's Name)
	(Address)
	(Address)
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RICK-UP	P WAIT MAIL
	(Business Entity Name)
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EXAMINER





COVER LETTER

Division of Corporations		*
SUBJECT: TIC WATERMARK Name of Lim	ISLAMO	RADA 23, LLC Company
DOCUMENT NUMBER:	M07000	002587
The enclosed Resignation of Registered Agent t for filing.	for a Limited	d Liability Company and fee are submitted
Please return all correspondence concerning this	s matter to th	ne following:
Andrew Lundgren Name of Person		
National Corporate Research, Ltd Name of Firm/Company	<u>. </u>	
615 DuPont Higway		
Address Dover, DE 19901 City/State and Zip Code		
E-mail address: (to be used for future annual report in For further information concerning this matter, p		
Andrew Lundgren at (. 800 1	483-1140 & 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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,	
National Co	prporate Research, Ltd. , hereby resigns as	K
Nam	e of Registered Agent	ī
Registered Agent for	TIC WATERMARK ISLAMORADA 23, LLC	
	Name of Limited Liability Company	· · · · · · · · · · · · · · · · · · ·
M07000002	2587	
Document Number,	if known	
A copy of this resignation wa	is mailed to the above listed limited liability company at its last kno	own address.
The agency is terminated and	the office discontinued on the 31st day after the date on which this	s statement is filed.
	Signature of Resigning Agent	
	Signature of Resigning Agent	
If signing on behalf of an enti	ıty:	
	Andrew Lundgren	
	Typed or Printed Name	
	Vice President, NCR, Ltd	
	Capacity	

\$ 85.00 \$ 25.00

Active limited liability company
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withdrawn limited liability company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

INHS17 (08/05)