. (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 I	Filing Officer:			
APR 26 AM 8: 88				



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SECRETARY OF STATE

RAPES 13



111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

April 14, 2010

RE: STONEHENGE REALTY CAPITAL, LLC. (DE. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>85.00</u>, to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure April 14, 2010

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Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

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C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

•	ons of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,
C T CORPORATION		, hereby resigns as
	(Name of Registered Agent)	
Registered Agent for _	STONEHENGE REALTY CAPITAL, LLC.	(DE. DOM.)
· · · · · · ·		
	(Name of Limited Liability Company)	
MO90	00000300	
(Document Nu	mber, if known)	
A copy of this resignat	tion was mailed to the above listed limited liabili	ty company at its last known address.
The agency is terminat	ted and the office discontinued on the 31st day at	for the date on which this statement is file
The agency is terminal	and the office discontinued on the 31st day at	tter the date on which this statement is the
	/Releas	,
	(Signature of Resigning Agent)	<del></del>
If signing on behalf of	an entity:	
	C T CORPORATION SYSTEM - Theresa	Alfieri
	(Typed or Printed Name)	·
	ASSISTANT SECRETARY	
	(Capacity)	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively disso withdrawn limited liab	lved/voluntarily disadved/
	Division of Corporations	
	P.O. Box 6327	

Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provis	ions of section 608.416(2) or 608.509, Florida St	atutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
(Name of Registered Agent)		, nevery resigns as	
Registered Agent for	STONEHENGE REALTY CAPITAL, LLC.	(DE. DOM.)	-
	(Name of Limited Liability Company)		_>
MO90	00000300		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed limited liabili	ty company at its last known address.	•
The agency is termina	ted and the office discontinued on the 31st day a	fter the date on which this statement i	is filed.
If signing on behalf of	(Signature of Resigning Agent)  Fan entity:  C T CORPORATION SYSTEM - Theresa  (Typed or Printed Name)  ASSISTANT SECRETARY  (Capacity)	ASSE	FILED PH 2: 20

**FILING FEES:** 

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

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