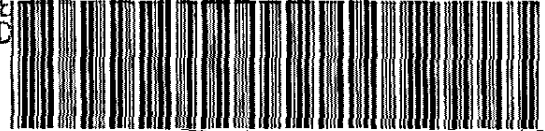


M98000001291

2004 MAY -7 P 2: 32

(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



300035394563

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

2004 MAY -7 P 2:32

SUBJECT: NATIONAL BUILD TO SUIT SAWGRASS, LLC (DE. DOM.)
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: M98000001291

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:

Theresa Alfieri

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 Eighth Avenue

(Address)

New York, NY 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

2004 MAY -7 P 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned

C T CORPORATION SYSTEM

(Name of Registered Agent)

, hereby resigns as

Registered Agent for NATIONAL BUILD TO SUIT SAWGRASS, LLC (DE. DOM.)

(Name of Limited Liability Company)

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

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 company
\$ 25.00 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