Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000193672 3)))



H160001936723ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

REGISTERED AGENT RESIGNATION LINCOLN INTERNATIONAL CORPORATE PARK PROPERTY OWNERS

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$87.50

AUG 0 9 2016

D CONNELL

COVER LETTER

NIODOC	(Name of Corpor	ation)
DOCUMENT NUMBER: NO900	70000303	·
The enclosed Resignation of Registere	d Agent for a Corpo	pration and fee are submitted for filing
Please return all correspondence conce	erning this matter to	the following:
Theresa Alfieri	•	
(Name of Person))	
CTCORPORATION	SYSTEM	,
(Name of Firm/Comp	any)	
111 8th Avenue, 13t	h Floor	
(Address)	,	-
New York, New York	10011	
(City/State and Zip Ci	ode)	- .
For further information concerning this	matter, please call:	
Theresa Alfieri	.,212	894-8516
(Name of Person)	· (Area Cod	e & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Malling Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	Association, Inc.	
	(Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
N09000006959	•	
(Document Number, if known)	***************************************	
A copy of this resignation was maile	d to the above listed corporation at its last kn	own address.
The agency is terminated and the off this statement is filed.	ice discontinued on the 31st day after the date	e on which
The	uf	_
-	(Signature of Resigning Agent)	141
If signing on behalf of an entity:		
CT CORPOR	ATION SYSTEM-Theresa Alfieri (Typed or Printed Name)	
	Acceptance of the second secon	
ASSISTANT	SECRETARY	
	(Capacity)	

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