845193

Ct Corp		
(Requestor's Name)		
111 EighthAue (Address)		
NY, NY 10011 (Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Basiless Eliki, Name)		
(Document Number)		
,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Operational to 1 ming officer.		

Office Use Only



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SECRETARY OF STATE

RARES (18/11



↑1 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

May 6, 2011

RE: STANLEY HOME PRODUCTS, INC. (DE.DOM)
TERRAGON MANAGEMENT, INC. (TX.DOM.0

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>175.00</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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hanshar mariana an Danistana d Assaut Con	STANLEY HOME PRODUCTS, INC. (DE.DOM.)	
hereby resigns as Registered Agent for	(Name of Corporation)	
845193		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
There	- Alf	
(Si ₁	gnature of Resigning Agent)	
If signing on behalf of an entity:	\mathcal{U}	
C T CORPORAT	TION SYSTEM - THERESA ALFIERI	
	Typed or Printed Name)	2
	=	<u>-</u> <_0
ASS	SISTANT SECRETARY	101
	(Capacity)	-ri
	P	CONFO
	□ 5	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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