Foamo 1335

٦)	Requestor's Name)	
A)	ddress)	
٩)	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP		MAIL
(E	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	Office Use Only	



Asignation

06/12/03--01032--009

**610.00

RECEIVED 03 JUN 12 PH 12:03 DIVISION OF CORECEATION



	1	
CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222		
Mountails Trails, Inc.		
	Art of Inc. File	÷. +
	LTD Partnership File	
	Foreign Corp. File	_
	L.C. File	
	Fictitious Name File	
	Trade/Service Mark	
	Merger File	æ
	Art. of Amend. File	
	RA Resignation	
	Dissolution / Withdrawal	
· · · · ·	Annual Report / Reinstatement	
	Cert. <u>Copy</u>	-
	Photo Copy	· · · · · ·
	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	
	Officer Search	
	Fictitious Search	
Si-matrix	Fictitious Owner Search	
Signature	Vehicle Search	
	Driving Record	
Requested by:	UCC 1 or 3 File	
	UCC 11 Search	-
Name Date Time	UCC 11 Retrieval	1
Walk-In Will Pick Up	Courier	•

FLORIDA DEPARTMENT OF STATE, SANDRA B. MORTHAM, SECRETARY OF STATE RESIGNATION OF REGISTERED AGENT

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

Florida Statues, the undersigned, Capital Connection, Inc.	
(Name of registered agent)	
hereby resigns as Registered Agent for Mountain Trails, Inc.	÷
(Name of corporation)	

A copy of this resignation was mailed to the above listed corporation 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:

Weimar Lopez (Typed or Printed Name)

Registered Agent Coordinator (Capacity)



DIVISION OF CORPORATIONS - P.O. BOX 6327 - TALLAHASSEE, FL 32314