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withdrawal

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COVER LETTER

TO:	Amendment Section Division of Corporations		
CIID II	ECT: Mountainside Financial Inc		
SUBJI		of Corporation)	
DOCI	UMENT NUMBER: F02000002387	-	
DOC	UMENT NUMBER:		
The en	nclosed withdrawal application and fee are s	ubmitted for filing.	
	e return all correspondence concerning this r to the following:		
	⁻ Anthony Ducahrme		
	(Name	e of Person)	
	Mountainside Financial		
	(Firm	/Company)	
27 Wells Rd			
(Address)			
	Fairfax, VT 05454		
	(City/Stat	e and Zip code)	
For fu	urther information concerning this matter, plea	ase call:	
Anth	nony Ducharme	802 849-2112 x209	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Mountainside Financial Inc.	
(Name of Corporation)	MINSEP.
	TEG SE
F02000002387	
(Document Number of Corporation	
	For R
Vermont	2: 0 DR
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct at this corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floration The following is a current mailing address for the corporation: 27 Wells Rd	affairs in Florida. Florida to accept service on its behalf and based on a cause of action arising during the
(Mailing Address)	
Fairfax, VT 05454 (City/ State /Zip)	·
The corporation agrees to notify the Department of State in the future of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing address. $\frac{9 - 21 - 10}{\text{(Date)}}$
Anthony Ducharme	President
(Typed or printed name of person signing)	(Title of person signing)