10300039014

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
. PICK-UP WAIT MAIL			
(Business Entity Name)			
(,			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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L. SELLERS			
SEP 3 0 2008			
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EXAMINER

Office Use Only



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SECREDARY OF STATE
TAIL AHASSIF FLORINA

September 23, 2008

RE: MORTGAGE HORIZONS, LLC. (RI. DOM.)

MUSAM LABS, LLC. (FL. DOM.)

PRIME OPTION FINANCIAL SERVICES, LLC. (OH. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$255.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisi	ons of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,
C T CORPORATIO	N SYSTEM	, hereby resigns as
	(Name of Registered Agent)	,,,,
Registered Agent for	MUSAM LABS, LLC. (FL. DOM)
	at or a transpor	
	(Name of Limited Liability Co	mpany)
L03000039014		
(Document Nu	mber, if known)	
		nited liability company at its last known address.
The agency is termina	ted and the office discontinued on the	31st day after the date on which this statement is filed. g Agent)
If signing on behalf of	an entity:	
	C T CORPORATION SYSTEM	- Theresa Alfieri
	(Typed or Printed N ASSISTANT SECR	,
	(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withdrawn limited liability company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