

07/23/2015 11:56

Division of Corporations

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Florida Department of State  
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Fax Number : (850) 617-6383

From: Account Name : STOLZENBERG, GELLES & FLYNN, LLP  
Account Number : I20100000018  
Phone : (305) 961-1450  
Fax Number : (305) 423-3979

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RECEIVED  
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LLC REGISTERED AGENT RESIGNATION  
TRAILPODS, LLC

Certificate of Status	0
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### STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**KEITH H. STOLZENBERG, ESQ.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **TRAILPODS, LLC**

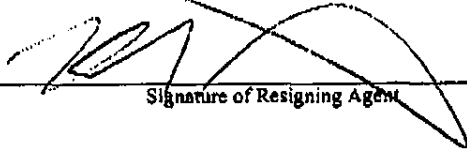
Name of Limited Liability Company

**L07000071756**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

\_\_\_\_\_  
Typed or Printed Name

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Capacity

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**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- \$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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