## 005/12/1061

**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

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## LLC REGISTERED AGENT RESIGNATION TREMONT/MORGAN RV PARK FUND, LLC

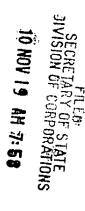
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NOV 2 2 2010

**EXAMINER** 11/18/2010



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: TREMONT/MORGAN RV PARK FUND, LLC						
(Name of Limited Liability Company)						
DOCUMENT NUMBER: M04000005112						
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
EDIE WHITEBREAD						
(Name of Person)						
INCORPORATING SERVICES, LTD.						
(Name of Firm/Company)						
3500 SOUTH DUPONT HIGHWAY						
(Address)						
DOVER, DE 19901						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Edie Whitebread at ( 302 ) 531-0855  (Name of Person) (Area Code & Daytime Telephone Number)						
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.						
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399						

INHS17(11/02)

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## 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,	
INCORPORATIN	G SERVICES, LTD.	, her	reby resigns as	
	(Name of Registered Agent)		-	
Registered Agent for	TREMONT/MORGAN RV	PARK FUND, LLC	<u> </u>	_
	(Name of Limited Liabili	ty Соптрапу)		_•
M04000005112				
(Document Nu	mber, if known)			
	tion was mailed to the above listed			
	a di cert	Level On a		. Vie
	(Signature of Res	gning Agent)	•	IS NOV
If signing on behalf of	an entity:			2
	Candice B. Swetland			TRY CH
	(Typed or Prin	ited Name)		<b>3</b> 999
	(Capacity	)	<del></del>	THE THE

\$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