## M0400005733

(Requestor's Name)	
(Address)	
• (Address)	
5	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

**EXAMINER** 

L. SELLERS

SEP 3 0 2008

Office Use Only



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CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

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 provis	ions 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	MORTGAGE HORIZONS, LLC.	(RI. DOM.)	
	(Name of Limited Liability C	ompany)	
M0400000573	3		
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed lin	nited liability company at its last known address.	
The agency is termina	ited and the office discontinued on the	e 31st day after the date on which this statement is filed.	
	(Signature of Resigni	ng Agent)	
If signing on behalf of	f an entity:		
	C T CORPORATION SYSTEM	I - Theresa Alfieri	
	(Typed or Printed ASSISTANT SEC	,	
	(Capacity)		

**FILING FEES:** 

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 85.00 \$ 25.00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314