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SECRETARY OF STATE
AND ASSEFT FOR ID.

J. BRYAN

MAY 1 9 2011

EXAMINER

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

Pursuant to the provisi	ons of section 608.416(2) or 608.509, Florida Statut	es, the undersigned,	
C T CORPORATION SYSTEM		hereby resigns as	
	(Name of Registered Agent)	nortely realigne de	
Registered Agent for _	TRAIL HEAD LAND LLC. (DE.DOM)		
	(Name of Limited Liability Company)	,	
M050000	02689	·	
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the above listed limited liability of	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 f	iled.
	Shall		. •
	(Signature of Resigning Agent)	<u></u>	
If signing on behalf of an entity:		1 MAY ECRET LAHA	فطاسه
	C T CORPORATION SYSTEM - Theresa Alfi	ieri HAS	•
	(Typed or Printed Name) ASSISTANT SECRETARY	I AM SEE, F	m
	(Capacity)	STATE LORID	D

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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