

PO1000004297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

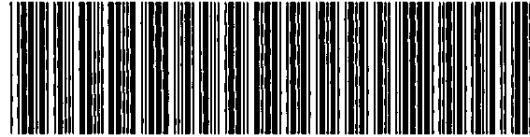
(Business Entity Name)

(Document Number)

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RA Resign

FILED  
12 SEP -7 PM 12:47  
SEP 11 2012  
FALL RIVER, MA  
FALL RIVER, MA

SEP 11 2012  
T. ROBERTS  
SEP 11 2012

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mountain Stream, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000004297

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Carlos Albir**

(Name of Person)

(Name of Firm/Company)

**6800 N.W. 36 Ave.**

(Address)

**Miami, FL 33147**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Carlos Albir**

(Name of Person)

at **305 778-6025**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**  
12 SEP -7 PM 12:47  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Carlos Albir  
(Name of Registered Agent)

hereby resigns as Registered Agent for Mountain Stream, Inc.  
(Name of Corporation)

P01000004297

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

CA  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Carlos Albir  
(Typed or Printed Name)

Officer Director  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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