## P10000029103

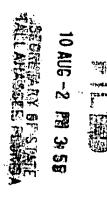
(Re	equestor's Name	)
(Ad	Idress)	-
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	. MAIL
(Bu	ısiness Entity Na	nme)
(Dc	ocument Number	r)
Certified Copies	_ Certificate	es of Status
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R.A. Resign C.COULLIETTE

AUG 0 3 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Solar Mountain Man	agement Corporation (Name of Corporation		•
	` '	nı,	
DOCUMENT NUMBER: P100	00029103		
The enclosed Resignation of Regist	ered Agent for a Corporat	tion and fee are submitted for	liling.
Please return all correspondence co	ncerning this matter to the	e following:	
Norman Canter		. 1	
(Name of Pers	on)		
(Name of Firm/Co	mpany)		
2922 Catalina Avenue		·	
(Address)		,	
Coconut Grove, FL 33133			
(City/State and Zi	o Code)	1	
For further information concerning	this matter, please call:		
Norman Canter	at ( 305 )	924-7315 & Daytime Telephone Number)	
(Name of Person)	(Area Code &	& Daytime Telephone Number)	
Enclosed is a check made payable tor \$35.00 for an administratively di	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an activitied or withdrawn corporation	ve corporation n.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	os	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	,1509,
Florida Statutes, the undersigned,C	lyne & Associates, P.A.	
	(Name of Registered Agent)	•
hereby resigns as Registered Agent for	Solar Mountain Management Corpora	ation
	(Name of Corporation)	
P10000029103	<i>e</i>	
· (Document Number, if known)	<del></del> : .	
A copy of this resignation was mailed	to the above listed corporation at its last kno	own address.
The agency is terminated and the offic this statement is filed.	e discontinued on the 31st day after the date	on which
* Rgmale	Signature of Resigning Agent)	
If signing on behalf of an entity:	·	声
Reginald Clyne		5 %
	(Typed or Printed Name)	
President	•	
- Annual Control of the Control of t	(Capacity)	S S
	•	-

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