

Business ID: 12898235  
Filing Number: 01122608070202  
Filing Date: 01/12/2026  
Effective Date: 01/05/2026

DO NOT WRITE ABOVE THIS LINE, RESERVED FOR ACC USE ONLY.

## STATUTORY AGENT RESIGNATION CORPORATION

Read the Instructions [C029i](#)

- ENTITY NAME** – give the exact name of the corporation as currently shown in A.C.C. records:  
Mountaingate Home Owners Association, Inc.
- STATUTORY AGENT NAME** – list the exact name of the resigning statutory agent as currently shown in A.C.C. records:  
Brenda Anderson
- KNOWN PLACE OF BUSINESS ADDRESS** – is the Arizona known place of business address for the corporation as currently shown in A.C.C. records the same as the street address of the undersigned statutory agent?  Yes  No  
**3.1** If you answered yes to number 4, do you want to discontinue use of your address as the known place of business for the corporation?  Yes  No
- NOTICE OF RESIGNATION** – by the signature appearing below, the undersigned Statutory Agent certifies that written notice of this resignation was mailed to the corporation at the following address:

Attention (optional) Mountaingate Home Owners Association, Inc.		
Address 1 PO Box 213		
Address 2 (optional) Lakeside	AZ	85929
City	State or Province	Zip
Country United States		

- STATEMENT OF RESIGNATION** – by the signature appearing below, the statutory agent hereby resigns from the appointment as statutory agent for the corporation named in number 1 above. The appointment as statutory agent terminates (the resignation is effective) as of the thirty-first (31st) day after the date on which the Statutory Agent Resignation is received by the Arizona Corporation Commission or upon appointment of a new statutory agent, whichever occurs first.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

*Brenda Anderson*  
Signature

Brenda Anderson  
Printed Name

12/29/2025  
Date

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) resigning as statutory agent. | <input type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity resigning as statutory agent, and I am authorized to act for that entity. |
|---|---|

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: \$10.00 (regular processing)  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax (for Regular or Expedite Service ONLY): 602-542-4100  
Fax (for Same Day/Next Day Service ONLY): 602-542-0900

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

RECEIVED

JAN 05 2026

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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT  
\*\* ORDER COPIES USING A RECORDS REQUEST FORM \*\*

WHAT ARE YOU FILING?

- New Entity  Change to existing entity  Re-submission of rejected filing

ENTITY NAME - give the exact name of the entity as currently shown in A.C.C. records:

MOUNTAINGATE HOME OWNERS ASSOCIATION, INC.

EXPEDITED PROCESSING?  YES - select 1 option below  NO - pay only the filing fee

NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

EXPEDITED PROCESSING, ADD \$35.00

SAME DAY SERVICE, ADD \$200.00  
Document will be examined by 5:00pm MST and must be received by 10:00am MST

TWO-HOUR SERVICE, ADD \$400.00  
Document will be examined within 2-hours of submission  
Must be received by 3:00pm MST

NEXT DAY SERVICE, ADD \$100.00  
Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

PAYMENT:

MOD Account #: \_\_\_\_\_ Total amount to deduct: \_\_\_\_\_

Cash - do not mail cash. We do not accept bills over \$20.00.

Cash may be used only for in-person submittals at the Phoenix office ONLY (Tucson does not accept cash).

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa or MasterCard.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address <b>REQUIRED</b> : ka6321@aol.com		
	Phone number <b>REQUIRED</b> : 319-939-0763		
<input type="checkbox"/> Pick up	Name: _____		
	Phone number <b>REQUIRED</b> : _____		
<input type="checkbox"/> Mail	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Phone number <b>REQUIRED</b> : _____		

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: \_\_\_\_\_ DATE: \_\_\_\_\_

View current processing times at: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>

## Filing Information Page

Username: **RACHEL HILL**

Work Order Number - Filing Number  
**202601120000141 - 01122607480152**

Business Name  
**PTHOMSEN CONSULTING, LLC**

Filing Type  
**Articles of Termination**

Work Order Number  
**202601120000141**

Work Order Received Date/Time  
**01/12/2026 07:38 AM**

202601120000141 - 01122607480152



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## ARTICLES OF TERMINATION LIMITED LIABILITY COMPANY

*Read the Instructions L031i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

PThomsen Consulting, LLC

2. **STATEMENT CONCERNING PROPERTIES AND ASSETS** - by the signature appearing below, the limited liability company named in number 1 above affirms or certifies under penalty of perjury that all of its known properties and assets have been applied and distributed pursuant to chapter 7, title 29 of the Arizona Revised Statutes.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge *under penalty of law* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT



Paul Thomsen  
Printed Name

12/30/2025  
Date (mm/dd/yyyy)

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

I am an **individual** authorized to sign this document.

I am signing on behalf of an **entity** that is authorized to sign this document.

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

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December 30, 2025

Arizona Corporate Commission  
Corporations Division  
1300 W. Washington Street  
Phoenix, AZ 85007

**Re: PThomsen Consulting, LLC**

Dear Sir/Madam:

Enclosed for filing please find the following:

- Cover Sheet;
- Articles of Termination;

Also enclosed please find a check in the amount of \$35.00 for the filing fee. Please return copies of the filed documents to the undersigned. Thank you.

Very truly yours,



Paul J. Sandelin  
[paul@sandelinlaw.com](mailto:paul@sandelinlaw.com)

Enclosures: as noted  
cc: Paul Thomsen

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PThomsen Consulting, LLC

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**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa or MasterCard.

### REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

**NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS**

<input checked="" type="checkbox"/> Email	Email address <b>REQUIRED</b> : paul@sandelinlaw.com		
	Phone number <b>REQUIRED</b> : 520-989-0074		
<input type="checkbox"/> Pick up	Name: _____		
	Phone number <b>REQUIRED</b> : _____		
<input type="checkbox"/> Mail	Name: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Phone number <b>REQUIRED</b> : _____		

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