## P97000021838

(Requestor's Name)	_
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	]
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SECRETARY OF STATE
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RAKesign. 4/4/08

## CFRA, LLC REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

March 27, 2008

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT - HEALTHCARE PARKING SYSTEMS, INC.

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Healthcare Parking Systems, Inc. Also enclosed is Carlton Fields' Check No. 439259 in the amount of \$35.00 for the filing fee.

Very Truly Yours,

Jøyće F/Bentubo

Secretary

JFB/jab Enclosures

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,C	FRA, LLC
	(Name of Registered Agent)
hereby resigns as Registered Agent for	HEALTHCARE PARKING SYSTEMS, INC.
hereby resigns as registered rigent for	(Name of Corporation)
P97000021838	,
(Document Number, if known)	
	to the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
James	J. Bertilo
If signing on behalf of an entity:	inginature of Resigning Agent)  ACCEPTAR  ACCE
Joyce F. Bentubo	
	(Typed or Printed Name)
Secretary	(Typed or Printed Name)
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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