587017

| ct corp |
|--|
| (Requestor's Name) |
| (Requestor's Name) 11 Eight Aue (Address) New York, Ny 10011 |
| (Address) |
| New york, Ny 10011 |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| • |
| PICK-UP WAIT MAIL |
| • |
| (Business Entity Name) |
| (Eddiness Entry Harrie) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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the contract



111 Eighth Avenue New *****brk, NY 10011



March 24, 2011

RE: BILL HEARD CHEVROLET, INC-PLANT CITY. (FL. DOM.)
BKRY PHYSICIAN SERVICES OF SOUTH
FLORIDA, INC. (FL. DOM.)
CITIES EDGE ARCHITECTS, INC. (MN. DOM.)

CITIES EDGE ARCHITECTS, INC. (MN. DOM)

FIRST MAGNUS FINANCIAL CORPORATION. (AZ. DOM.)

VERCON CONSTRUCTION, INC. (SC. DOM.)

Department of State Division of Corporations Clifton Building 261 Executive Center Circle Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount <u>175.00</u> to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

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| | ON OF REGISTERED AGENTS AND AND RACORPORATION |
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| | ON OF REGISTERED AGENTS OF AM 10. R A CORPORATION |
| RESIGNATI | ON OF REGISTERED AGENTS |
| FO | R A CORPORATION |
| | SEE, FLOOR |
| ursuant to the provisions of sections | 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
| lorida Statutes, the undersigned, | C T CORPORATION SYSTEM |
| | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | BILL HEARD CHEVROLET, INC, PLANT CITY |
| | (Name of Corporation), |
| 587017 | |
| (Document Number, if known) | |
| | to the above listed corporation at its last known address. ce discontinued on the 31st day after the date on which |
| is statement is filed. | • |
| - Dac | Signature of Resigning Agent) |
| | |
| signing on behalf of an entity: | |
| C T CORPORA | ATION SYSTEM - THERESA ALFIERI |
| | (Typed or Printed Name) |
| | ** |
| A | SSISTANT SECRETARY |
| | (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