## 848116

(Re	equestor's Name)	
(Ac	dress)	······································
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	·. ·
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100219354981

01/25/12--01018--011 \*\*175.00

OIVISION OF CORPURATION

A Res

## January 19, 2012

RE: FFP ADVISORY SERVICES INC. (MO.DOM.)
GAYLORDS NATIONAL CORPORATION. (NY.DOM,)
THE HOSPITAL TRUST LEASING CORPORATION. (RI.DOM.)
LANDFORM ENGINEERING COMPANY. (MN.DOM.)
NOODLE KIDOOLE, INC. (DE.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  $\underline{1}$  check in the amount of  $\underline{\$ 175.00}$  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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
orida Statutes, the undersigned, C T CORPORATION SYSTEM		
(Name of Registered Agent)		
hereby resigns as Registered Agent for <u>GAYLORDS NATIONAL CORPORATION (NY DOM)</u> , (Name of Corporation)		
848116		
(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.		
That.		
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
CT CORPORATION SYSTEM - THERESA ALFIERI  (Typed or Printed Name)		
(Typed or Printed Name)		
ASSISTANT SECRETARY		
(Capacity) $\checkmark$		

## 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withdrawn corporation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