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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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lA Resign

JUL 3 - 2012

T. LEWIS



CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

June 14, 2012

RE: FLORAL LEASING CORP. (FL.DOM)

HEARTLAND IMAGING OF INDIANA, INC. (IN.DOM) METRO INFORMATION SERVICES, INC. (VA.DOM)

METRO METER SERVICE, INC. (KY.DOM)

TERRASAN ENVIRONMENTAL SOLUTIONS, INC. (DE.DOM)

SOUTHWEST-TEX LEASING CO., INC. (TX. 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 $\underline{210.00}$ 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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

12 JUN 19 PM 3: 47
SEGME THE STATE STATE TALLAHASSEE FLORIDA

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	HEARTLAND IMAGING OF INDIANA, INC.	
nereny resigns as Registered Agent to	(Name of Corporation)	
F00000004838	·	
(Document Number, if known)		
A copy of this resignation was mailed	I to the above listed corporation at its last known address.	
The agency is terminated and the official this statement is filed.	ce discontinued on the 31st day after the date on which	
	rall	
	Signature of Rengning Agent)	
If signing on behalf of an entity:	\mathcal{U}	
C T CORPOR	ATION SYSTEM - THERESA ALFIERI	
**************************************	(Typed or Printed Name)	
A	ASSISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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