## 701000003342

(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:

Office Use Only



300180196763

05/18/10 -01021 -011 \*\*175.00

10 MAY 18 PM 1: 0:

ella un

May 12, 2010

RE: 440 CAPITAL CORPORATION. (TX. DOM.)
ADAIR BRAKOVICH, INC. (DE. DOM.)
HARRISON CREDIT CORP. (DE. DOM.)
MORSE SHOE, INC. (DE. DOM.)
YORK CONTRACTING, INC. (MN. 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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1	509, or 617.1	509,		
Florida Statutes, the undersigned,	C T CORPORATION	SYSTEM			
	(Name of Registered	Agent)			
hereby resigns as Registered Agent for	HARRISON CREDIT CORP.	(DE. DOM.	)		
	(Name of Corpora	tion)			
F01000003342					
(Document Number, if known)	<del></del>				
A copy of this resignation was mailed to	o the above listed corporation a	t its last know	n addre	ss.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day a	fter the date o	n which	1	
_ Che	Alf,		SEU	. 10 ₽	
(Si <sub>1</sub>	gnature of Resigning Agent)		全型	Ā	
If signing on behalf of an entity:	/		ASSEE ASSEE	8	FILE
C T CORPORAT	TION SYSTEM - THERESA ALI	FIERI	, FL0	PH II	O
(	Typed or Printed Name)		ATE	23	
ASS	SISTANT 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withdrawn corporation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