

F96000003139

(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



000234277500

Resignation  
to RA

05/03/12--01002--011 \*\*105.00

2012 MAY -3 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DR  
5/8/12



Wolters Kluwer  
Corporate Legal Services

CT Corporation

111 Eighth Avenue  
New York, NY 10011

212 894 8940 tel  
212 590 9180 fax  
www.ctcorporation.com

April 25, 2012

RE: HARBOR FINANCIAL MORTGAGE CORPORATION (TX. DOM.)  
INDEPENDENCE COMMUNITY BANK (NY. DOM.)  
WELLDUNN RESTAURANT GROUP, INC. (DE. DOM.)

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$105.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (hm)*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

FILED

**RESIGNATION OF REGISTERED AGENT -3 PM 4:24  
FOR A CORPORATION**

SECRETARY OF 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 HARBOR FINANCIAL MORTGAGE CORPORATION  
(TX DOM)

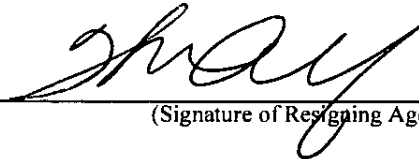
(Name of Corporation)

F96000003139

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI

(Typed or Printed Name)

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withdrawn corporation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**