8014COOO0097

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100180905961

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

10 MAY 18 PM 1:0

men of the contract of the con

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

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.

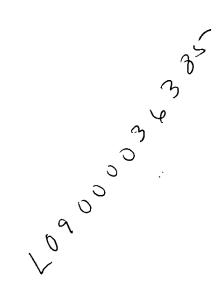
Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

ruisuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, 61 617.1309,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	440 CAPITAL CORPORATION. (TX. DOM.)	
	(Name of Corporation)	
F96000004108		
(Document Number, if known)	_	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
_ law	gnaphyr of Resigning Agent)	7
If signing on behalf of an entity:	TOPH STATES	Ċ
C T CORPORAT	FION SYSTEM - THERESA ALFIERI SA CONTROL OF STREET	
(Typed or Printed Name)	
AS	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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