## F98000001231

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE STATE OF CORPORATIONS

A RES

## CT Corporation

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

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

rursuant to the provisions of sections of	0/.0302(2), 61/.0302(2), 60/.1309, or 61/.1309	<i>9</i> ,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		
handha madana an Danistanad A cont fou	NOODLE KIDOODLE, INC. (DE. DOM)		
hereby resigns as Registered Agent for	(Name of Corporation)	,	
F98000001231			
(Document Number, if known)	<del>_</del>		
A copy of this resignation was mailed to	o the above listed corporation at its last known a	iddress.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on w	vhich	
(Si <sub>1</sub>	gnature of Resigning Agent)		
If signing on behalf of an entity:		•	
	Typed or Printed Name)	SECRETAR DIVISION OF C	
ASS			
	(Capacity)	SIVIE	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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