6-10-601

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

Office Use Only



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SECRETARY OF STAILS
SECRETARY OF STAILS

COVER LETTER

| 10: | Amendment Section Division of Corporations |
|--------|---|
| SUBJ | ECT: HARPER'S DRIVING SCHOOL, INC. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: G40601 |
| The er | nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| ART | HUR ELLINGTON |
| | (Name of Person) |
| | |
| - | (Name of Firm/Company) |
| 1180 | N.W. 95th AVENUE |
| | (Address) |
| PLA | NTATION, FLORIDA 33322 |
| | (City/State and Zip Code) |
| For fu | rther information concerning this matter, please call: |
| cos | TELL WALTON, JR. at (954) 763-5336 |
| | (Name of Person) (Area Code & Daytime Telephone Number) |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle.
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

07 JUN 18 PM 8:56

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, ARTHUR ELLINGTON |
| (Name of Registered Agent) |
| nereby resigns as Registered Agent for HARPER'S DRIVING SCHOOL, INC. |
| (Name of Corporation) |
| G40601 |
| (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 his statement is filed. |
| arthur Ellengton |
| (Signature of Lesigning Agent) |
| f signing on behalf of an entity: |
| |
| |
| (Typed or Printed Name) |
| |
| |
| (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