

M88080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

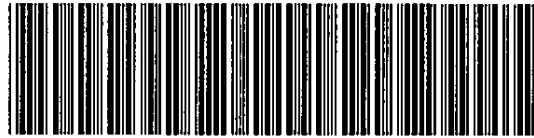
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts AUG 13 2007



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August 1, 2007

RE: ~~CAMBRIDGE SETTLEMENT SERVICES, INC.~~ (MD.DOM.)  
~~CHESTERFIELD ACQUISITIONS COMPANY~~ (FL.DOM.)  
HILLWOOD HEALTHCARE CONSULTANTS, INC. (FL.DOM.)  
SILVERLAKE DEVELOPMENT CORPORATION (DE.DOM.)

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$350.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri (lk)*

Theresa Alfieri

Senior Supervisor & Assistant Secretary  
TA/lk  
Enclosure

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
07 AUG -6 AM 10:13  
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 CHESTERFIELD ACQUISITIONS COMPANY  
(FL DOM) (Name of Corporation)

M88080

(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withdrawn corporation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**