N0600000 5962

;				
(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



800121812958

04/03/08--01029--011 **87.50

ARY OF STATE ASSEEFLORING ASSEEFLORING TO SIGH.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hope Central, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N06000005962
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark C. Burton
(Name of Person)
(Name of Firm/Company)
2409 N.E. 26th Terrace
(Address)
Fort Lauderdale, FL 33305
(City/State and Zip Code)
For further information concerning this matter, please call:
Mark C. Burton at (954) 989 - 8775 x489 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

1	Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
	Florida Statutes, the undersigned, Mary Gayle Ulm	•	
	(Name of Registered Agent)		
	hereby resigns as Registered Agent for Hope Central, Inc.		
	(Name of Corporation)		,
	N0600005962		
	(Document Number, if known)		
	A copy of this resignation was mailed to the above listed corporation at its last know	wn address.	
	The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which	
	Man Hayle Ulm		
	Signature of Resigning Agent)	产船 8	
	If signing on behalf of an entity:	APR CRE'	nutries !
		TAR	Character.
		44	E CONTRACTOR DE LA CONT
	(Typed or Printed Name)	TO B	
		F. 0	O
		ORIF ORIF	
	(Capacity)	D-	
	/F//		

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withdrawn corporation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