## 118000019811

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	∋ <b>#</b> )
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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R.A. Resign.

18 1-20-11

## **COVER LETTER**

ΓO: Amendment Section Division of Corporations	
SUBJECT: HEALTH OPPORTUNITY PEACE & EDUCATION INC	
(Name of Corporation)	
DOCUMENT NUMBER: N 08000009811	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filir	ıg.
Please return all correspondence concerning this matter to the following:	
DARLENE S GANT	
(Name of Person)	
HEALTH OPPORTUNITY PEACE & EDUCATION IN	
(Name of Firm/Company)	
28724 COTTAGEWOOD DR	
(Address)	
WESLEY CHAPEL, FL 33544	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
SUE WELFLEY at ( 813 ) 391-8440	
(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Department of State for \$87.50 for an active cor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	orpora

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

· Marine

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

DOED/Jecopines CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SUE WELFLEY
(Name of Registered Agent)
hereby resigns as Registered Agent for HEALTH OPPORTUNITY PEACE & EDUCATION INC
(Name of Corporation)
N0800009811
(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.
Sue Willey (Signature of Resigning Agent)
(Signature of Resigning 1984)
If signing on behalf of an entity:
This signifies on behalf of an entity.
(Capacity)
(Capacity) 見芝 ů

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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