8000106706

| (Requestor's Name) (Address) | 700215320837 |
|--|-----------------------|
| (Address) | 700213320037 |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 12/28/1101008024 **35 |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | ALA ALA ALA |
| Special Instructions to Filing Officer: | LAHASSEN FLORES |
| Office Use Only | 12/1 21/ |

**35.00

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|---------|--|
| SUBJI | ECT: HAMPTON OAKWOOD INC. |
| | (Name of Corporation) |
| DOCU | JMENT NUMBER: P08000106706 |
| The en | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| Nina | Tarowsky |
| | (Name of Person) |
| Unite | ed Corporate Services, Inc. |
| | (Name of Firm/Company) |
| 10 Ba | ank St. Ste. 560 |
| | (Address) |
| White | e Plains, NY 10606 |
| | (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| Nina | Tarowsky at (914) 949-9188 |
| | (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, United Corporate Services, Inc. (Name of Registered Agent) |
| hereby resigns as Registered Agent for HAMPTON OAKWOOD INC. |
| (Name of Corporation) |
| P08000106706 |
| (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: |
| Robert F. Gilhooley |
| (Typed or Printed Name) |
| Vice President, United Corporate Services, Inc. |
| (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