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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: HIGH POINT CAPITAL CORPORATION (Name of Corporation)
DOCL	UMENT NUMBER: P98000108461
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rhonda Maybin (Name of Person)
	(Name of reison)
	NRAI Services, Inc. (Name of Firm/Company)
	800 Brazos, Suite 1100 (Address)
	Austin, Texas 78701 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Rho	onda Maybin at (800) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amend Division Clifton 2661 E	Mailing Address: dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



June 21, 2006

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

RE: HIGH POINT CAPITAL CORPORATION

Dear Filing Officer:

Enclosed please find a Resignation of Registered Agent filing form for the above referenced name, which is to be filed in your office at your earliest convenience. Enclosed is check # 11293 in the amount of \$35.00 for the filing fee. Once filed, please return the filed-stamped copy in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Rhonda Maybin

Enclosures

RESIGNATION OF REGISTERED AGENT FILED RESIGNATION FOR A CORPORATION RESIGNATION RESIGNATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NRAI Services, Inc. (Name of Registered Agent)
hereby resigns as Registered Agent for HIGH POINT CAPITAL CORPORATION (Name of Corporation)
P98000108461
(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:
Cheryl Roberts (Typed or Printed Name)
Asst. Vice President (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