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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne) ·
. (Do	cument Number)	
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. Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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CFRA, LLC REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

March 27, 2008

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: RESIGNATION OF REGISTERED AGENT - HEALTHCARE PARKING SYSTEMS OF FLORIDA, INC.

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Healthcare Parking Systems of Florida, Inc. Also enclosed is Carlton Fields' Check No. 439257 in the amount of \$35.00 for the filing fee.

Very Truly Yours,

Joyce F. Bentubo

JFB/jab Enclosures

CFRA, LLC (CFRA) is not a law firm, but a company whose sole function is to serve as Registered Agent. While CFRA serves primarily clients of Carlton Fields, service by CFRA as registered agent does not by itself create an attorney/client relationship with either CFRA or Carlton Fields, and service as registered agent does not constitute the practice of law. Service by CFRA as registered agent does not, by itself, create a conflict of interest on the part of Carlton Fields that would prevent Carlton Fields from representing an adverse party in an unrelated legal matter.

12833403.1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.150)9,	
Florida Statutes, the undersigned, CF	RA, LLC		
, 2	(Name of Registered Agent)	FLORIDA	A. INC
hereby resigns as Registered Agent for	HEALTHCARE PARKING SYSTEMS OF	FERMIN	1, 1100
and the state of t	(Name of Corporation)		
P99000055684	•		
(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.	·		
Jagues	J. Buxles	••4	
(Sig	nature of Resigning Agent)	<u> </u>	
If signing on behalf of an entity:		OB MAR 3	n
Joyce F. Bentubo		T PR	
(1)	Typed or Printed Name)	- 'co P	
Secretary	OKO)+	1: 33 NATE	
	(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