

P99000055684

(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



000121192280

03/31/08--01033--010 **35.00

FILED

08 MAR 31 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

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

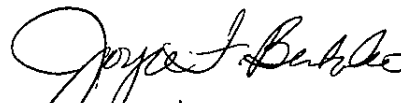
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

**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
Secretary

JFB/jab
Enclosures

**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, CFRA, LLC

(Name of Registered Agent)

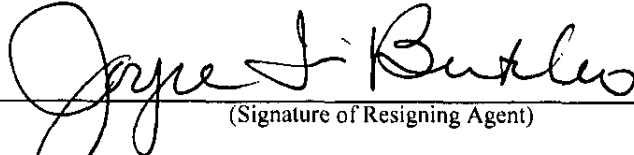
hereby resigns as Registered Agent for HEALTHCARE PARKING SYSTEMS OF FLORIDA, INC.
(Name of Corporation)

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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Joyce F. Bentubo

(Typed or Printed Name)

Secretary

(Capacity)

FILED
08 MAR 31 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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