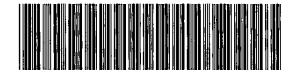
V56118

(R	equestor's Name))
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

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14 APR 15 PH 3: 46
SECRUIVAY OF STATE
TANK ANASSEE TLORIDA

C. LEWIS

APR 2 2 2014

EXAMINER



April 3, 2014

RE:	ADCO SOUTH MEDICAL SUPPLIES, INC.	(FL. DOM.)
	ADUDDELL ROOFING & SHEET METAL, INC.	(OK. DOM.)
	EVERYLOAN FINANCIAL CORPORATION	(CA. DOM.)
	GTC TELECOM CORP.	(NV. DOM.)
	HOPS GRILL & BAR, INC.	(FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporation. Also enclosed is _____ to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

NRAI SERVICES, INC.

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary (212)894-8516

National Registered Agents, Inc.



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

14 APR 15 PM 3: 46 SECRETARY OF STATE TALL AHASSEE FLORIDA

Pursuant to the provisions of sections 607.05	502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	NRAI SERVICES, INC.
, 3 ,	(Name of Registered Agent)
ADO	CO SOUTH MEDICAL SUPPLIES, INC.
hereby resigns as Registered Agent for (FL.	(Name of Corporation)
V56118	
(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 discontinuous this statement is filed.	ontinued on the 31st day after the date on which
/RIQ	el f
(Signatur	e of Resigning Agent)
If signing on behalf of an entity:	0
NRAI SERVICES	, INC THERESA ALFIERI
(Typed	or Printed Name)
ASSISTA	ANT SECRETARY
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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