375084

(Requestor's Name)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

R.A. Resign.

TB 3/12/19

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Stewart Title Attiliates (See Attached List) (Name of Corporation)
DOCUMENT NUMBER: See Attached
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Yankowski Jr (Name of Person)
Stewart Title Company (Name of Firm/Company)
18501 Murdock Circle #403 (Address)
ort Charlotte Florida 33948 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard Yankowski. Tr at (941) 255-0377 (Name of Person) at (941) 255-0377 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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				Sign of
			·	2009M. LED
	RESIGNATIO	N OF REGISTER	RED AGENTAS	1/4R// 10
	FOR	A CORPORATION	ON	ANGAR AMID
		N OF REGISTER A CORPORATIO		CRETARY OF STATE
Pursuant to th	he provisions of sections 60			$(D_{\bullet} V \mathcal{E})$
	_			7.1505, ···· O A
Florida Statu	tes, the undersigned,	Hickman (Name of I	Registered Agent)	
hereby resign	ns as Registered Agent for _	Stewart Titl	e of Orange	Count, Inc.
		(Name c	n Corporation)	,
	7084	_		
(Docur	ment Number, if known)			
A copy of thi	s resignation was mailed to	the above listed corpo	oration at its last kn	own address.
The agency is this statemen	s terminated and the office of the state of	discontinued on the 31	lst day after the dat	e on which
		/		
	(S)g	nature of Resigning Agent		-
If signing on	behalf of an entity:			
	·			
	(T	yped or Printed Name)		-
		(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