

(Re	questor's Name)	
. (1/6	questor s rvanie)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(= :	-	··,
	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





11/26/08--01012--013 **70.00





COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Sun Title & Abstract Co.
(Name of Corporation)
DOCUMENT NUMBER: 587847
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Firm/Company)
(Name of Person)
5/31/08
(Name of Firm/Company)
·
(Address)
The state of the s
(City/State and Tim Cade)
(City/State and Zip Code)
For further information concerning this matter, please call:
at (
(Name of Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Mailing Address:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
Clifton Building Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Francis R. McAlonan, Jr.	, hereby resign as pres/director/sect'y
"	(Title)
of_ Sun Title & Abstract Co.	Corporation)
587847 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	
(Sigt	ature of resigning officer/director)
	ING FEE IS \$35.00
make cnecks payable to	Florida Department of State and mail to:

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