

631218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

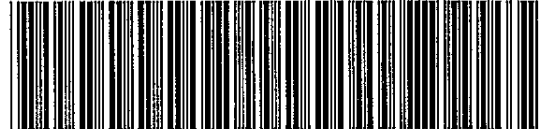
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900009380029

12/23/07--01041--024 **35.00

FILED
2002 DEC 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BC 4/7

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North American Title Insurance Agency, Inc.

(Name of Corporation)

DOCUMENT NUMBER: 631218

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angelique J. Habig

(Name of Person)

North American Title Insurance Agency, Inc.

(Name of Firm/Company)

11595 Kelly Road

(Address)

Ft. Myers, FL 33908

(City/State and Zip Code)

For further information concerning this matter, please call:

Angelique J. Habig

(Name of Person)

at (239) 454-1600

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
2002 DEC 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2002 DEC 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

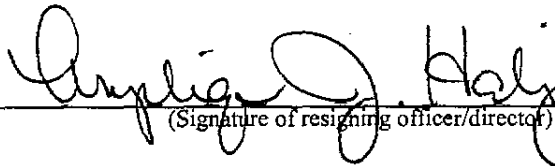
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Angelique J. Habig, hereby resign as Vice President
(Title)

of North American Title Insurance Agency, Inc.
(Name of Corporation)

631218, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

 effective 12/30/00
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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