(Requ	iestor's Name)			
•				
. (Addr	ess)			
· (Address)				
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Na	me)		
- (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Fi	ling Officer:	·		
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10/12/07--01040--001 **437.50

10/16/07

CT 111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctlegalsolutions.com

October 3, 2007

RE: AMERICAN MONEY CENTERS, INC. (RI. DOM.)
CLIPPER CITY SETTLEMENT SERVICES, INC. (MD. DOM.)
CREATIVE TITLE AGENCY INC. (MD. DOM.)
DAIWA HEALTH PRODUCTS, INC. (DE. DOM.)
INTERSTATE TITLE COMPANY, INC. (MD. DOM.)

Department of State
Division of Corporations
Clifton Building
261 Executive Center Circle
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is <u>1</u> check in the amount of \$ 437.50 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- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA:lf Enclosure

FILED

RESIGNATION OF REGISTERED ACENOT 12 PM 4: 56 FOR A CORPORATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the prov	isions of sections 607	7.0502(2), 617.0502(2), 607.15	609, or 617.15	09,	
Florida Statutes, the undersigned,		C T CORPORATION S	SYSTEM		
•	· · · · · · · · · · · · · · · · · · ·	(Name of Registered A	(gent)		
hereby resigns as Re	egistered Agent for C	LIPPER CITY SETTLEMENT (Name of Corporati	SERVICESS,	INC. (M)D	. DOM.)
F03000001	557	,			
(Document Nur	mber, if known)				
A copy of this resign	nation was mailed to	the above listed corporation at	its last known	ı address.	
The agency is terming this statement is filed	d. 2A	discontinued on the 31st day aft	er the date on	which	
If signing on behalf	· -				
	C T CORPORATION	ON SYSTEM - THERESA ALFI	ERI		
	(Ty	yped or Printed Name)			
	ASSI	ISTANT 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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