千04000004348

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	isiness Entity Nar	ne)
(,
	ocument Number)	
(00	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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1,600 parties

TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: Nations Abstract Inc.
	(Name of Corporation)
oct	JMENT NUMBER: F04000004348
The er	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
H.B.	Stivers
	(Name of Person)
Levir	ne & Stivers
	(Name of Firm/Company)
245	East Virginia Street
	(Address)
Talla	hassee, FL 32301
	(City/State and Zip Code)
For fu	ther information concerning this matter, please call:
H.B. \$	Stivers at (850) 222-6580
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the undersigned, H.B. Stivers (Name of Registered Agent)	
Nations Abstract Inc.	
hereby resigns as Registered Agent for Nations Abstract Inc. (Name of Corporation)	
F04000004348	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	<u> </u>
If signing on behalf of an entity:	DS JUL
H.B. Stivers	YRY AR
(Typed or Printed Name)	PHIZ: 17 OF STATE E. FLORIDA
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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