

F05000006943

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT RESIGNATION
RELIANT ABSTRACT & SETTLEMENT INC.**

Certificate of Status	0
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Page Count	01
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Resign
12/14/10
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RELIANT ABSTRACT & SETTLEMENT INC.

(Name of Corporation)

DOCUMENT NUMBER: F05000006943

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:

Stephanie Wright

(Name of Person)

BlumbergExcelsior Corporate Services, Inc.

(Name of Firm/Company)

62 White Street

(Address)

New York, N.Y. 10013

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Wright

(Name of Person)

at (800) 221-2972 ext. 552

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Blumberg Excelsior Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for RELIANT ABSTRACT & SETTLEMENT INC.

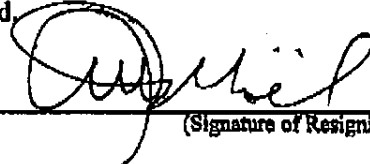
(Name of Corporation)

F05000006943

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Marc D. Moel

(Typed or Printed Name)

Asst. 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

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