

Florida Department of State

Division of Corporations . Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone : (302)531-0855 Fax Number : (850)656-7953

REGISTERED AGENT RESIGNATION

CHARTER LAND TITLE AGENCY, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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COVER LETTER

SUBJECT: CHARTER LAND TITLE AGENCY, INC. (Name of Corporation)		_		
DOCUMENT NUMBER: F06000002413				
The enclosed Resignation of Registered Agent for a Corporation and fee are sub	mitted fo	- r filing.		
Please return all correspondence concerning this matter to the following:		¥SE	9	
TUNISHA SCOTT		医影		
(Name of Person)		ASSI ASSI	2	
INCORPORATING SERVICES, LTD.			2	m
(Name of Firm/Company)	•	SIA	**	_
3500 S. DUPONT HWY.		別記	5	
(Address)				
DOVE, DE 19901				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
TUNISHA SCOTT at (800) 346-4646				
(Name of Person) (Area Code & Daytime Telephon	e 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 INCORPORATING SERVICES LTD. Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for CHARTER LAND TITLE AGENCY. (Name of Corporation) F06000002413 (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.

If signing on behalf of an entity:

CANDICE B. SWETLAND

(Typed or Printed Name)

ASSISTANT 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