## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H090002638983)))



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To:

Division of Corporations

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From:

: INCORPORATING SERVICES FL Account Name

Account Number: I20050000052 Phone

: (302)531-0855

Fax Number

: (850) 656-7953

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## REGISTERED AGENT RESIGNATION TITLE GUARANTEE, INC.

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Page Count	02
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Electronic Filing Menu

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Help

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H09000263898 3

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: TITLE GUARANTEE, INC.	
(Name of Corporation)	
DOCUMENT NUMBER: F08000005027	
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:	
TUNISHA SCOTT	
(Name of Person)	
INCORPORATING SERVICES, LTD.	
(Name of Firm/Company)	
3500 S. DUPONT HIGHWAY	
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
TUNISHA SCOTT  at ( 302 ) 531-0855  (Name of Person) (Area Code & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	
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	

H09000263898 3

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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, INCORPORATING SERVICES, LTD.  (Name of Registered Agent)
hereby resigns as Registered Agent for TITLE GUARANTEE, INC.  (Name of Corporation)
F0800005027
(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 his statement is filed.  (Signature of Resigning Agent)
f 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