P00000028967

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| P!CK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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PAResign Theuris 5-28-10

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: South Lake Title Services LC. |
| DOCUMENT NUMBER: POOOOO28967 |
| 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: |
| Denise Saunders |
| (Name of Person) |
| Stewart Title Company |
| (Name of Firm/Company) |
| 1980 Post Oak Blvd |
| (Address) |
| Houston, TX 77056 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Denise Saunders at (713) 479-3019 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 |

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, Nacole Klootwyk |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for South lake Title Vewices, Inc. (Name of Corporation) |
| (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: |
| (Typed or Printed Name) |

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withdrawn corporation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