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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.
Account Number : I20020000070
Phone : (239)336-6253
Fax Number : (239)332-2243

REGISTERED AGENT RESIGNATION

FIRST COMMUNITY TITLE SERVICES, INC.

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

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FIRST COMMUNITY TITLE SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000102824

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:

FRANK PAVESE, JR.

(Name of Person)

PAVESE LAW FIRM

(Name of Firm/Company)

4635 SOUTH DEL PRADO BLVD.

(Address)

CAPE CORAL, FLORIDA 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK PAVESE, JR.

(Name of Person)

at (239) 542-3148

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

JUL-17-2007 14:17

PAVESE LAW FIRM

239 542 8953 P.003
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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,

Florida Statutes, the undersigned, FRANK PAVESE, JR.

(Name of Registered Agent)

hereby resigns as Registered Agent for FIRST COMMUNITY TITLE SERVICES, INC.

(Name of Corporation)

P00000102824

(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:

(Typed or Printed Name)

(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withdrawn corporation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

TOTAL P.003