## P00000115205

<b>34</b>		
(Re	questor's Name)	
	- <del>,</del>	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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08/03/06--01027--009 \*\*35.00

XHR resign.

SECRETARY OF STATE

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Swaffaid Settlement Services, Anc. (Name of Corporation)
DOCUMENT NUMBER: POODALISZOS,
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James W. Swofford II (Name of Person)
Swafford Settlement Services, Pre (Name of Firm/Company)
9041 Executive Paux Drive, Suite 400 (Address)
KNOXJ: 1/e TN 37923 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (\$65) 207-9383  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

## OFFICER / DIRECTOR RESIGNATION | LED FOR A CORPORATION | 112 C | 113

06 AUG -3 AM 12: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, JAMES W. Swafford II hereby resign as SR Siee Presid	ent
of Swafford Settlement Services, and	er <del>en l</del> eg e en en en en en
Poolo 115205 a corporation organized under the laws of the State of (Document Number, if known)	₹ स्व
Florida	

Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314