| | | Division of Corpo Public Access Sy ctronic Filing Cov | stem | | |
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| | e: Please print this dit number (shown b | | | | 2 |
| | | (((H0500003498 | 2 3))) | | |
| Not | e: DO NOT hit the F this page. Doir | REFRESH/RELOA ng so wili generate | | | |
| To: From: HULLV 2044000 | Account Name : Account Number : Phone : Fax Number : | (850)205-0380 UCC FILING & SEA 119980000054 (850)681-6528 (850)681-6011 | 107111111111111111111111111111111111111 | AHASSEE, FLOR | 05 FEB 10 PH 2: 3 |
| PH 0KP6 | REGISTER | ED AGENT | RESIGNA | | 39 |

Elactronic Filing Menu.

Corporate Filing

Rublic Access Help.

2 ARestal

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| RESIGNATION OF REGISTERED AGENT FOR A CORPORATION FILE OF | | | FILED | | |
|--|--|---|-------|--|--|
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509 | | | | | |
| | B. Newman | | | | |
| | (Name of Registered Agent) | | | | |
| hereby resigns as Registered Agent for | Assurance Title & Escrow of South Florida, Inc | 2 | | | |
| | (Name of Corporation) | | | | |
| P01000020738 | | | | | |

(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.

11 (Signature of Rosigning Agent)

If signing on behalf of an entity:

Jili B. Newmen

(Typed or Printed Name)

Registered Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively discolved/voluntarily discolved/ withdrawn corporation

Make chocks payable to Florida Department of State and mail to: Division of Corporations P.O. Ber 6327 Tallahassee, FL 32314