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(Requestor's Name)
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## TRANSMITTAL LETTER

SUBJECT: Total Real 25tate STVICES TMC. (Name of Corporation)
DOCUMENT NUMBER: POIOCO 9 LO LO LO
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marile of Person)
Name of Firm/Company)
507 MM (Address)
Calney 1 F1-32007 (City/State and Zip Code)
For further information concerning this matter, please call: 33   - 33 95
(Name of Person) at (353, 33) [Old Number)
(1 - vi do da

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MR. A. CLEMONS, hereby resign as Prisident
of Total Real Folds SIVIDS, IN.
(Document Number, if known)  , a corporation organized under the laws of the State of
(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