P02000031984

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	Jusiness Entity Name)
(C	Occument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer.	
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TRANSMITTAL LETTER

SUBJECT: SPIRIT TITCE & ESCROW, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P020000 31984
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Berto P. Scobey (Name of Person)
(Name of Person)
SPIRIT TITLE & ESCROW, NC. (Name of Firm/Company)
6790 TAFT STREET
(Address)
Hollywood FL 33024
(City/State and Zip Code)
For further information concerning this matter, please call:
Berto D. Scodey at (954) 989-9209 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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
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 ASERTAL STOP SHAP A LORENCE KHAN, hereby resign as IRECTOR (Title) OF SPIRIT TITLE & ESCROW, INC. (Name of Corporation) PO 2 0000 3/984 (Document Number, if known) FLORING

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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