## D300031984

(Re	questor's Name)	
(Ad	dress) .	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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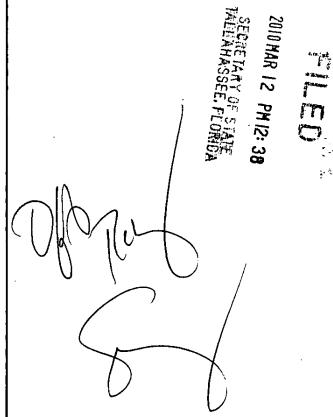
Office Use Only

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## **COVER LETTER**

Division of Corporations
SUBJECT: SPIRIT TITLE & ESCROW, INC.  (Name of Corporation)  DOCUMENT NUMBER: PO2000319P4
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRAD P. SCOBEY (Name of Person)
SARIT TITLE Y ESCROW, INC. (Name of Firm/Company)
9000 SHERIDAN STREET #103 (Address)
PEMBROKE PINES FR 33024 (City/State and Zip Code)

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

For further information concerning this matter, please call:

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SHELLEY HEAS BONATE, hereby resign as DIRECTOR,	, V.P. Y- SEZ (tle)	<u>,</u> <u>-</u>
of SPIRIT TITLE & ESCHOW, INC. (Name of Corporation)	,	
PO200031984, a corporation organized under the laws of the (Document Number, if known)	State of	
FLORIDA.		
(Signature of resigning officer/director)	2010 HAR 12 PM 12: 31 SEBNETARY OF STATE TARBAHASSEE, FLORIO	

**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