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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Osceola Title Insurance Agency, Inc. (Name of Corporation)
DOCUMENT NUMBER: \$\(\rho 2000 107 675\)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Marianne Conerly (Name of Person)
Osceola Title Insurance Agency Inc. (Name of Firm/Company)
109 N. Beaumont Ae.
Kissimmee, FL 34741 (City/State and Zip Code)
For further information concerning this matter, please call:
Marianne Conerly (Name of Person) at (407) 847-4077 (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 2661 Executive Center Circle Tallahassee FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Dairene Figueroa	, hereby resign as Secretary
, ***	(Title)
,Osceola Title Insuran	ce Agency, Inc.
(Name of Co	prporation)
PD 2000 10 7-675 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	1
Jones	a Alleman
(Signat	ure 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

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