## P03000003317

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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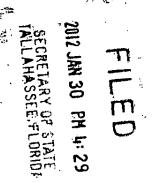
Office Use Only



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resignation

01/30/12--01033--016 \*\*35.00



2/1/12 2/1/12

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FLORIDA TITLE MANAGEMENT CORP
(Name of Corporation)
DOCUMENT NUMBER: FEI/810589851 DOC/P03000003317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOCELYNE CASTILLO
(Name of Person)
FLORIDA TITLE MANAGEMENT CORP
(Name of Firm/Company)
2061 NW 85 AVE
(Address)
PEMBROKE PINES, FL 33024
(City/State and Zip Code)
For further information concerning this matter, please call:
JOCELYNE CASTILLO 305 592-2858
JOCELYNE CASTILLO at (305) 592-2858  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2012 JAN 30 PM 4: 29

SECRETARY OF STATE TALLAHASSEE FLORID!

I. ALIUSKA AMARAN	, hereby resign	as VSD	<b></b> *
,	,,, <i>g</i>		(Title)
of FLORIDA TITLE MANAGE	EMENT CORP		
1)	Name of Corporation)		
DOC/P0300000 (Document Number, if known)	3317, a corporation organized	l under the la	ws of the State of
FLORIDA			
(	Cignature of resigning officer/d	irector)	

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