

PD3000071032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

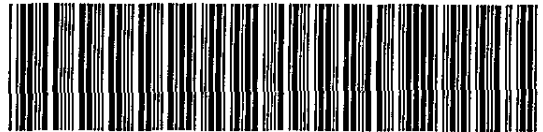
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAITH NATIONAL TITLE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000071032

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL CUESTA
(Name of Person)

FAITH NATIONAL TITLE INC
(Name of Firm/Company)

7300 NW 19th St. #715
(Address)

MIAMI FL 33126
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL CUESTA at (305) 874-2222
(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

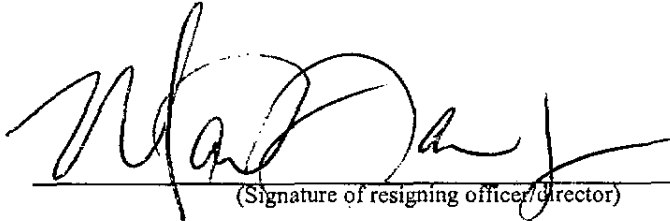
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARIO GARCIA, hereby resign as PRESIDENT / DIRECTOR
(Title)

of FAITH NATIONAL TITLE INC.
(Name of Corporation)

PO3000071032, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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