

PD3000090458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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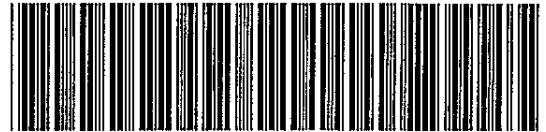
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlantic Coast Title + Closings Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000090458

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

Please return all correspondence concerning this matter to the following:

GIOIA DeCarlo  
(Name of Person)

Atlantic Coast Title + Closings Inc  
(Name of Firm/Company)

4992 N Pine Island Rd  
(Address)

Sunrise FL 33351  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Knoerr at (954) 749-8039  
(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, GIOIA DeConlo, hereby resign as Vice President  
(Title)

of Atlantic Coast Title & Closings, Inc  
(Name of Corporation)

P03000090458, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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