

PO3000131928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Title Agency of Cape Coral Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000131928

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

Please return all correspondence concerning this matter to the following:

Brian Hayes  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4309 SW 9th Place  
(Address)

Cape Coral FL 33990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valencia Richards at (239) 772-0351  
(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

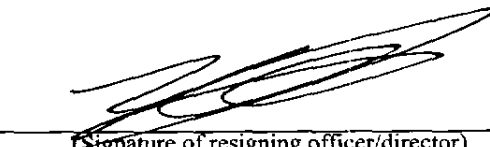
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Brian Hayes, hereby resign as Director  
(Title)

of The Title Agency of Cape Coral, Inc.  
(Name of Corporation)

P03000131928, a corporation organized under the laws of the State of  
(Document Number, if known)

\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of resigning officer/director)

**FILED**  
**05 SEP 12 AM 11:20**  
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