

PO3000148835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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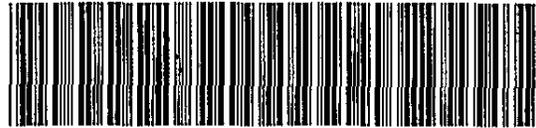
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PO3000148835  
320/RS  
6-4-04  
132

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Liberty Title of South Dade  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000 14 8835

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

Please return all correspondence concerning this matter to the following:

GUSTAVO A. FERNANDEZ  
(Name of Person)

GUSTAVO A. FERNANDEZ, P.A.  
(Name of Firm/Company)

2655 S. Le Jeune Road #906  
(Address)

CORAL GABLES FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

GUS FERNANDEZ at (305) 271-0056  
(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, Gustavo A. FERNANDEZ, hereby resign as CEO (Title)

of Liberty Title & South Dade (Name of Corporation)

PO3000148835 (Document Number, if known), a corporation organized under the laws of the State of

Florida

  
(Signature of resigning officer/director)

**FILED**  
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SECRETARY OF STATE  
TALLHASSEE, 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