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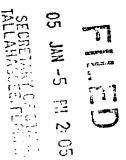
(Re	equestor's Name)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Supreme Florida Title, Tue. (Name of Corporation)
DOCUMENT NUMBER: POY 0000 24963
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
Supreme Florida Title Time. (Name of Firm/Company)
207 E. Livingha St. (Address)
Orlando Fl. 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
Take Diwasi at (407) 497-1111 (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 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, John Wi	Taukersley	, hereby resign as	Proside-	Title)	
of Suprama	Florida Titt	ation)			. •
Poyosoo 24		oration organized und	er the laws of th	ie State of	
Florida					
	(Signatury o	f resigning officer/director	()	05 JAN -5 PH 2: 05 TALLAHASSEE, FLORIDS	

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