P0400028772

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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or aff

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Family Title of Tampa Bay Inc. (Name of Corporation)
DOCUMENT NUMBER: P0400028772
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)
Judith Cornelius Cole CAA PA
(Name of Firm/Company)
6707 N. Himes Ave (Address)
TAMPA GA 33614 (City/State and Zip Code)
For further information concerning this matter, please call:
Trd the Gole (Name of Person) at (813) Sy 6-1223 (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
Tallabassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l	Olga	E.	Otte	<u>-</u>	, hereby res	ign as	Vice	Presid (Title)	dens	<u>+</u>
of_	FAM	1,14	7.+/c	of e of Corpora	JAMPA ation)	Влу	, Inc	ć		
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				Signature of	C. Control of the con	er/director	r)	ASSEE.	26 Am 4:	
								r STATE FLORID	t: t	J

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