P04000041377

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| (100-00-) |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Prione #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Rumber) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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05/13/05--01014--003 **35.00

05 MAY 13 PH 12: 51

TRANSMITTAL LETTER

| SUBJECT: Land Title Services Unlimited, INC | | | |
|--|--|--|--|
| (Name of Corporation) | | | |
| DOCUMENT NUMBER: P04000041377 | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Eleine F Chin-Shue | | | |
| (Name of Person) | | | |
| Land Title Services Unlimited, Inc | | | |
| (Name of Firm/Company) | | | |
| 336B Shopping Center Drive | | | |
| (Address) | | | |
| Wildwood, FL 34785 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Brian E Coleman at (352) 748-7600 (Name of Person) (Area Code & Daytime Telephone Number) | | | |
| (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | | | |

Amendment Section Division of Corporations

TO:

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Eleine F Chin-Shue | , hereby resign as Vice President | |
|-----------------------|-----------------------------|--|--|
| -, | | (Title) | |
| | | | |
| of | Land Title Services | Unlimited, Inc | |
| (Name of Corporation) | | | |
| | P04000041377 | , a corporation organized under the laws of the State of | |
| | (Document Number, if known) | | |
| | Florida | | |
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| | | | |
| | | | |
| | | (Signature of resigning officer/director) | |

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

15 MAY 13 PK 12: 5