## Po 40000557//

	(72)
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	į

Office Use Only



900110199909

10/03/07--01017--017 \*\*35.00

Sty/Dis Pesipo

FILED

07 0CT -3 AM 8: 3:
SECRETARY OF STATE

## **COVER LETTER**

Division of Corporations
SUBJECT: Judy'S ESCROW Services, ING. (Name of Corporation)  DOCUMENT NUMBER: P0400055711
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Wade W. Motley (Name of Person)
Thdy's FSCROW Services, ING (Name of Firm/Company)
P.O. Box 308 (Address)
(Address)
PalAtka, FL 32178 (City/State and Zip Code)
For further information concerning this matter, please call:
Wade W. Motley at (386) 684-1323 (Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION AND SEE FLORIST

l, _	James	5.	KING	hereby resign as President/Treasure	<u>2</u> K
				(Tric)	
of_	JUDY'S	$\mathcal{E}_{S}$	CROW (Name of C	Services, Ivc. Corporation)	
	04000055 (Document Numb			a corporation organized under the laws of the State of	
	FLORida				

(Signature of resigning office)/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