

P0400055917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

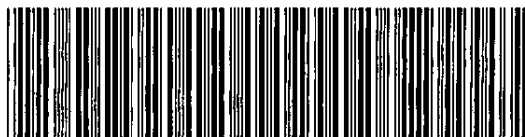
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Clear Title of South Florida
(Name of Corporation)

DOCUMENT NUMBER: PO40000 55917

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

Please return all correspondence concerning this matter to the following:

CLARA LORENZO
(Name of Person)

Clear Title of So. Fl.
(Name of Firm/Company)

9290 Sunset Dr. #103
(Address)

Miami, Fl. 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

CLARA LORENZO at (305) 279-4848
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CLARA SED, hereby resign as Secretary
(Title)
of Clear Title of South Florida
(Name of Corporation)
P04000055917, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

[Signature]

(Signature of resigning officer/director)

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TALLAHASSEE, 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