P04000059763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TREASURE COAST TITLE SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: P04000059763

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

Please return all correspondence concerning this matter to the following:

IMAD S QUBAIN
(Name of Person)

TREASURE COAST TITLE SERVICES INC
(Name of Firm/Company)

522 SW PORT ST LUCIE BLVD
(Address)

PORT ST LUCIE, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

IMAD S QUBAIN at (772) 370-6000
(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, RHODA JAVIER, hereby resign as TREASURER
(Title)

of TREASURE COAST TITLE SERVICES, INC.
(Name of Corporation)

P04000059763, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

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TALLAHASSEE, FLORIDA

(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