## P04000082355

(Re	equestor's Name)	
(Address)		
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Coples	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	<b>44.1818</b>	





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03/04/05--01015--008 \*\*35.00

OS MAR -4 AM 10: 08

B 3/8/05

## TRANSMITTAL LETTER

Division of Corporations SUBJECT: Clear Title and Escrow, Inc.
(Name of Corporation) **DOCUMENT NUMBER:** P04000082355 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Schlegel (Name of Person) Clear Title and Escrow, Inc.
(Name of Firm/Company) 100 W. Cypress Creek Rd., Suite 910 (Address) 33309 Lauderdale, FL (City/State and Zip Code) For further information concerning this matter, please call: 954 ) 771 – 8929 (Area Code & Daytime Telephone Number) Paul Schlegel (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Mailing Address: Amendment Section
Division of Corporations Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 MAR -4 AM 10: 08

ALLAHASSEE FLORID

I, Paul Schlegel	, hereby resign as <u>President</u>
	(Title)
of Clear Title and Escrow, I	nc.
(Name of Corp	
P04000082355,a co	orporation organized under the laws of the State of
(Document Number, if known)	
Florida .	
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N Ola	. V
KmWIM	$\sim$
Signatu	re 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