## PD4000129862

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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12/12/07--01009--003 \*\*35.00



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PALM TITLE ASSO	CIATES, INC.
	(Name of Corporation)
DOCUMENT NUMBER: PO4	000129862
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
NANCY DREXLER HENSLEY	•
(Name of Pers	on)
PALM TITLE ASSOCIATES, IN	C.
(Name of Firm/Co	mpany)
8695 College Parkway Suite 25	<b>i4</b>
(Address)	
Fort Myers FL 33919	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Nancy Drexler Hensley	at ( 239 ) 415-7256 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State.
Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle	Division of Corporations Post Office Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	tununussee, 1 D SLS14

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I <sub>k</sub> Erica M. Scimeca	, hereby resign as	Director
7		(Title)
of_Palm Title Associates, Inc.		
(Nатк	e of Corporation)	
P04000129862	a corporation organized under the laws of the State of	
(Document Number, if known)	- •	
Florida	<b>•</b>	

(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