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LECKETARY OF STATE ALLAMASSEE, FLORID

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COVER LETTER

Division of Corporations	*.
SUBJECT: IMA & TITLE COMPA (Name of Corpor	DY INC , ation)
DOCUMENT NUMBER: PO4000 130956.	
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Please return all correspondence concerning this matter to the	ne following:
(Name of Person)	··· .
(Name of Firm/Company)	
11530 Birch Forest Circle West (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
William Davis at (404) (Name of Person) at (Area Code) 476 1734 e & 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 Corporation Post Office Box 6327 Tallahassee, FL 32314	

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FILED OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, William	Douis,	hereby resign as	President (P)
			(Title)
of IMAGE	TITLE COMP (Name of Corporation	ANY INC.	
•	6 a cornora		the laws of the State of
FLORIDA	······································] 	
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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