Pot000132181

(Re	questor's Name)	<u> </u>		
(Address)				
(Address)				
· (Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800075276438

05/26/06--01037--004 **157.50

OS MAY 26 PM 1:27

Ps 6/sfor

COVER LETTER

TO:	: Amendment Section Division of Corporations			
SUBJ	ECT: Family Tree T	itle, Inc		
		(Name of Corporation)		
DOCI	UMENT NUMBER:	P04000132181		
The en	nclosed Officer/Director Resig	mation for a Corporation and fee are submitted for filing.		
Please	return all correspondence cor	ncerning this matter to the following:		
	Linda_Adams			
•	(Name of Person	on)		
•	Family Tree Title, Inc.			
•	(Name of Firm/Con	mpany)		
	16735 Highway 331 S. Su (Address)	ite 5		
	(Addiess)			
	Freeport, FL 32439			
	(City/State and Zip	Code)		
For fu	rther information concerning t	his matter, please call:		
Edı	na Hoke	at (850) 398-6620 (Area Code & Daytime Telephone Number)		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclos	sed is a check for \$35.00 made	e payable to the Florida Department of State.		
Amend Division Clifton 2661 E	Address: Idment Section on of Corporations on Building Executive Center Circle cassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE FOR A CORPORATION 06 MAY 26 PM 1: 27

I.	Linda Adams	, hereby resign as	President
-" —		, neree, reagn ac	(Title)
of	Family Tree Title, In	ıc.	
	(Nam	e of Corporation)	
	P04000132181 (Document Number, if known)	, a corporation organized under	the laws of the State of
	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