P04000143036

(Re	equestor's Name)	
(Ad	ldress)	
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OS SEP 23 AM IO: OD

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Care TITLE Services, Inc (Name of Corporation)
DOCUMENT NUMBER: <u>P04000143034</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Jacob (Name of Person)
1/30/160/2400 1 04/360/34
(Name of Firm/Company)
27200 River view Center blvd #103
Bonta Springs FL 34134 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Jacob at (239, 949 4529) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Craig Terper	hcreby resign as off	acendalizator/
of CoreTitle	Services, Inc. Name of Corporation)	Y
Po400143036 (Document Number, iTknown)	, a corporation organized under the la	iws of the State of
Florida	Table 1	and the second of the second o
*	(Signature of resigning officer/director)	OS SEP 23 A
	FILING FEE IS \$35.00	SEE, FLORID

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, Florida 32314