

P05000005767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

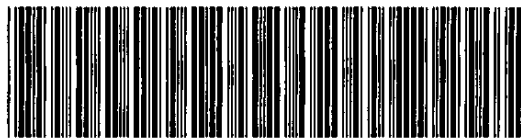
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Special Instructions to Filing Officer:

Corrected Corp Name by
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Mr/lin Rump

FILED
06 OCT - 6 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 10 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NATIONAL TITLE ^{AND} SETTLEMENT SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PASQUALE CALCAGNO

(Name of Person)

CALCAGNO & ASSOCIATES

(Name of Firm/Company)

847 ANNADALE RD.

(Address)

STATEN ISLAND, NY 10312

(City/State and Zip Code)

For further information concerning this matter, please call:

PASQUALE CALCAGNO

(Name of Person)

at (718) 605-4100

(Area Code & 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 Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
06 OCT -6 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, PASQUALE CALCAGNO, hereby resign as OFFICER/DIRECTOR/PRES
(Title)

^{AND}
of NATIONAL TITLE SETTLEMENT SERVICES, INC.
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
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