## POS00022912

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	• #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300063410413

01/11/06--01037--001 \*\*35.00

FILED

OG JAN II AM IO: 2:

exc of

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PRIORITY TITLE OF FLORIDA, RIVERVIEW, INC. (Name of Corporation)
DOCUMENT NUMBER: POSODO 622912
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHERYL ALBRITTON (Name of Person)
(Name of Firm/Company)
1833 STETSON DRIVE (Address)
CLEARWATER FL 33765 (City/State and Zip Code)
For further information concerning this matter, please call:
CHERYL ALBRITTON at (727) 403-9573 (Name of Person) (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

I,	CHERIL ALBRITTO, hereby resign as V.P.	Title)		
of	PRIORITY TITLE OF FLORIDA, RIVER	NIEL	<u>)                                    </u>	<u>N</u> ,c .
_P	(Document Number, if known) a corporation organized under the laws of the component Number, if known)	ne State	of	
	FLORINA.			
	(Signature of resigning officer/director)	TALLAHASSEE, FLORID	06 JAN 11 AM 10: 23	FILED

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