## P0500035061

(Re	equestor's Name)
,	
(Ad	ldress)
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A	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Bu	isiness Entity Name)
•	
(Do	ocument Number)
Certified Copies	Certificates of Status
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Special Instructions to	Filing Officer:
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Office Use Only



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## **COVER LETTER**

Triangle Title Company			
SUBJECT: Triangle Title Company (Name of Corporation)			
•	ion,		
DOCUMENT NUMBER: P05000025061			
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	he following:		
Danial Ettadevi			
Daniel Ettedgui (Name of Person)	-		
(Name of Person)			
Triangle Title Company			
(Name of Firm/Company)	<del>-</del>		
1741 Alton Road			
(Address)	-		
Miami Beach, FL 33139			
(City/State and Zip Code)	-		
For further information concerning this matter, please call:			
Daniel Ettedgui at ( 305	913-5626		
(Name of Person) (Area Code	& Daytime Telephone Number)		

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	George E. Rudd (Name of Registered Agent)	· · · · · · · · · · · · · · · · · · ·
hereby resigns as Registered Agent f	for Triangle Title Company	<del></del> ;
	(Name of Corporation)	
P05000025061		
(Document Number, if known)		
A copy of this resignation was maile	ed to the above listed corporation at its last kn	own address.
The agency is terminated and the off this statement is filed.	fice discontinued on the 31st day after the date	e on which
If signing on behalf of an entity:	(Signature of Resigning Agent)	07 SEP -4 SEGRETARY
	(Typed or Printed Name)	AN IO: 53 OF STATE EFLORIDA

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

(Capacity)