

PO5000027309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

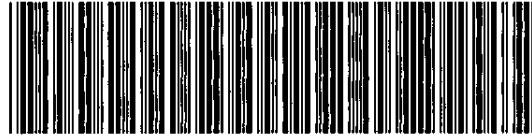
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A. HINDS

T. C. HENRY  
DEC 17 2014

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SAWGRASS TITLE & ESCROW, INC. 2  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000027309

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

Please return all correspondence concerning this matter to the following:

CHRISTINE MARCHAND-MANZE  
(Name of Person)

N/A  
(Name of Firm/Company)

690 SW 18<sup>th</sup> Street  
(Address)

Boca Raton, FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Marchand-Manze at (561) 251-5717  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

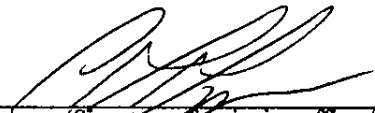
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHRISTINE MARCHAND-MANZE, hereby resign as SECRETARY-DIRECTOR  
(Title)

of SAWGRASS TITLE & ESCROW, INC. 2,  
(Name of Corporation)

P05000027309, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA on Sept 1<sup>st</sup>, 2014.

  
(Signature of resigning officer/director)  
CHRISTINE MARCHAND-MANZE

**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

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