P05000031355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300055119253

05/31/05--01024--025 **75.00

FILED
05 MAY 31 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Independence Title of Coral Springs, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000031355

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

Please return all correspondence concerning this matter to the following:

William A. Moynihan
(Name of Person)

(Name of Firm/Company)

5401 N. University Dr., Suite 203
(Address)

Coral Springs, Fl. 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

William A. Moynihan at (954) 752-1590
(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

CR2E011(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, William A. Moynihan, hereby resign as Director & Vice President (Title)

of Independence Title of Coral Springs, Inc. (Name of Corporation),

P05000031355 (Document Number, if known), a corporation organized under the laws of the State of

Florida.

FILED
05 MAY 31 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Signature of resigning officer/director)

William A. Moynihan

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