

P05000031355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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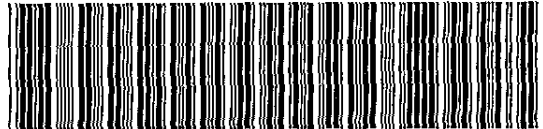
(Business Entity Name)

(Document Number)

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FAX NO.

P. 02

TRANSMITTAL LETTER

**TO: Amendment Section
Division of Corporations**

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

DOCUMENT NUMBER: P050000031355

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

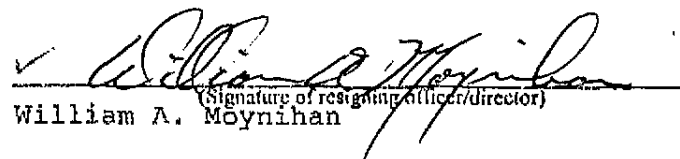
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

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

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

Florida


(Signature of resigning officer/director)
William A. Moynihan

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

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