P0500006463/

| (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: |
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Office Use Only



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ON OF CORPORATIONS

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COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: River City Title, Inc. DOCUMENT NUMBER: POSO(000 64 43) |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| SCISCIA Smith (Name of Person) |
| (Name of Firm/Company) |
| 9164 Shindler Crossing Dr (Address) |
| Jacksonuille, FL 3222 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sastia Smith at (904) 105-3839 (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 Post Office Box 6327 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| i, Saskia Smith | , hereby resign as Vice President Treusure |
|-----------------------------|--|
| of River City Tit | le Inc. |
| (Document Number, if known) | a corporation organized under the laws of the State of |
| Florida. | |

(Signature of resigning officer/director)

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