## P05000064631

| •                                       |  |  |
|---|--|--|
| (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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SECRETARY OF STATE TALLAHASSEE, FLORID!

APPROVED AND EILED

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| SUBJECT: RIVER CITY TITLE IN   | VC.   |
|--|---|
|  | (Name of Corporation)                                     |
| DOCUMENT NUMBER: P0500   | 00064631  |
| The enclosed Officer/Director Resign                                   | ation for a Corporation and fee are submitted for filing. |
| Please return all correspondence cond                                  | cerning this matter to the following:                     |
| PHYLLISS PRICE   |   |
| (Name of Person  | n)  |
| RIVER CITY TITLE   | ·   |
| (Name of Firm/Com  | apany)  |
| 3560 CARDINAL POINT DRIVE  | SUITE 202   |
| (Address)  |   |
| JACKSONVILLE FL 32257  | *   |
| (City/State and Zip  | Code)   |
| For further information concerning the                                 | is matter, please call:                                   |
| PHYLLISS PRICE   | at (904) 731-1836 \u  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)                    |
| Enclosed is a check for \$35.00 made                                   | payable to the Florida Department of State.               |
| Street Address: Amendment Section                                      | Mailing Address:  |
| Division of Corporations   | Amendment Section Division of Corporations                |
| Division of Corporations Clifton Building 2661 Executive Center Circle | Post Office Box 6327<br>Tallahassee, FL 32314             |
| AUUT MAGCULIAC COILCE CHOIC  | i angliassee, I'L 34314                                   |

Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, BRIAN MICHAUD            | herehv region av   | PRESIDENT & DIRECTOR          |
|-----------------------------|--|-------------------------------|
|                             | , nereby resign as   | (Title)                       |
| of RIVER CITY TITLE, INC.   |  |                               |
|                             | me of Corporation)   |                               |
| P05000064631                | a corporation organized w  | nder the laws of the State of |
| (Document Number, If known) |  |                               |
| FLORIDA                     | and the same of th |                               |
| •                           |  |                               |

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

APPROVE AND FILED